E-Log #: \_\_\_\_\_

# Permit #: Date drilling completed:

#### STATE WELL REPORT Part 1

Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

(601)360-0535 (fax) State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 34-13-41 Longitude: 90-34-36			
Owner Name: Agostinelli, John	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: C BOX 59	· · · · · · · · · · · · · · · · · · ·			
	USGS quad, Hand-held GPS, Survey-grade GPS			
1-vail 115 38645	SE 1/2 NE 1/4, Sec D& T 27NR OHL			
City State Zip Code	Westmiles of Clarkidak			
Telephone No. ()	(Distance) (Direction) (Nearest Town)			
Well / B	orehole Data			
Date drilling started: 75-13 Date drilling completed:	7-5-13 Hole depth: 110 Hole diameter: 1			
Location of the source of any surface water used for drilling: News Livell				
· · · · · · · · · · · · · · · · · · ·				
Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
•	describe)			
If drilling is not related to water well construction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial Public Supply (rrigation) Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 13 feet [above or below] land surface Date measured: 1-6-13 (circle one)				
Method of measurement (circle one) Steel tape Electric tape Air line Other (describe):				
Well depth: Well grouted to a depth of: feet Type of grout (circle one): Neat Cement dentonite Mix				
Casing length: 70 feet Casing diameter: 12 inches Type of casing: 000				
Screen length: 40 feet Screen diameter: 12 inches Type of screen: 000				
Screen slot size: 0.50 inches Setting depth:	From \$70 feet to 70 feet			
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet	1901 3 P <b>2013</b>			
If telescoped or more than o	one screen, describe on next page  Form: OLWR-SWR-1A (4/13)			

BY: OWA

Description of formations encountered must be provided for all wells and borenotes, unless specifically exempted by regulations

Ground Level	Description of Formations Encountered	From (depth) To	
	- (gumbe)	Ground Level	20
10		20	40
1.0	Sanc	<u> </u>	رند
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5-	Sangl + gravel	<u> </u>	50
30	Sarz + wravel	50	100
	crax	100	10
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100			
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· · · · · · · · · · · · · · · · · · ·			
Landowner Name: Lohn Ago	stinelli Form: C	OLWR-SWR-1A (	(04/08)
I certify that the well/borehole was drilled, const	Form: (tructed, and completed in accordance with all applicable re	quirements of th	e
I certify that the well/borehole was drilled, const Mississippi Department of Environmental Quali laws.	Form: Caructed, and completed in accordance with all applicable restricted and the Mississippi Department of Health regulations, if	quirements of th applicable, and	e state ECEIV
I certify that the well/borehole was drilled, const Mississippi Department of Environmental Quali laws.	Form: Caracted, and completed in accordance with all applicable restricted and the Mississippi Department of Health regulations, if	quirements of th applicable, and	e state

The sketch below only required for water wells

4001

JUL **3 1** 2013

BY: OLWR

P.O.# \$27888

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Asostinelli Ed# 12-1086

#### STATE WELL REPORT

### (DAHOMA County: Permit #: GW - 46805 Date completed: \_ Copy information from block on Part 1

#### Part 2

## Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only:		
Well #:		
Aquifer:		

Meter Model Number/Name:	(601) 360-0535 (fax)				
Well Owner Information Owner Name: Ago Lall: BECS PARTH2340 Mailing Address: P.D. 85x 59.  Method of Lat/Long (check one): Conventional Survey.  LEON MS 36645 City State Zip Code Telephone No. (LeC) 624-2822  Pump Type (Circle one): Submersible Turbing Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 2-9-/3 Rated Pump Capacity: /LoQO Gallons Per Minute Is This Pump (circle one): Well Tested: Deset Gasoline Natural Gas Tractor PTO Windmill Other (describe): Date Well Tested: Duration of Motor: LoQ Setting Depth: 1D (et Number of Stages: Ze)  Pump Test Data for Non Flowing Well Date Well Tested: Duration of Pump Test (minimum 4 hours): hours Static Water Level (A): /3 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Pumping Rater: Gallons Per Minute Method of measurement (circle one): Geet lape Electric tape Air line Other (describe):  Pump Test Data for Flowing Well Measured shut in head: feet.  Well yielded GPM with a drawdown of feet after hours of pumping  Meter Installation Meter Manufacturer: Meter Serial Number: Type of Meter:  Totalizer Register Unit and Multiplier Factor (AF x. 001, gal x 1000, etc):  Installation Date: Next Repaired Replacement  Important: By submitting the above information by our certifying that this meter was installed to manufacturer standards.  Pump Test Data of my knowledge.  TALLO P. HOLT O. 757 P 7. 23-13					
Owner Name: Ago. Amil. Beos. Pratricts Described in the properties of the properties					
Mailing Address: P.O. 80x 59  Method of Lat/Long (check one): Conventional Survey					
USGS quad	× -				
State   Stat		···			
Telephone No. (cle2)   224   2822   (Distance)   (Direction)   (Nearest Town)    Pump Type (clrcle one)   Submersible   Turbine   Air Lift   Centrifugal   Flowing Well   Jet   Piston   Rotary   Other (describe):					
Telephone No. (cle2)   224   2822   (Distance)   (Direction)   (Nearest Town)    Pump Type (clrcle one)   Submersible   Turbine   Air Lift   Centrifugal   Flowing Well   Jet   Piston   Rotary   Other (describe):	$\begin{array}{c cccc} & & & & & & & & & & & & & & & & & $	NE 14, Sec 09 T 21N R 04W			
Pump Type (circle one)  Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):  Date Pump Installed: 7-9-13 Rated Pump Capacity: //www.gealinstalled:	Telephone No. (667) 1024- 7822 (Distance)	(Direction) (Negrest Town)			
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):		(Direction) (Inch est 15 m)			
Date Pump Installed:					
Is This Pump (circle one): New Repaired Replacement Power Type (circle one)  Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth: 70 feet Number of Stages: 2  Pump Test Data for Non Flowing Well Date Well Tested: Duration of Pump Test (minimum 4 hours): hours  Static Water Level (A): /3 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):  Pump Test Data for Flowing Well  Measured shut in head: feet.  Well yielded GPM with a drawdown of feet after hours of pumping  Meter Manufacturer: Meter Manufacturer: Meter Model Number / Name: Type of Meter:  Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):  Installation Date: Meter installed by:  Is This Meter (circle one): New Repaired Replacement  Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEQ website  THEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULO P. HOUT O-757 P 723-13					
Power Type (circle one)  Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):  Horse Power Rating of Motor:  Duration of Pump Test (minimum 4 hours):  Duration of Pump Test (minimum 4 hours):  Static Water Level (A):  Feet Below Land Surface Pumping Water Level (B):  Feet Below Land Surface Pumping Rate:  Gallons Per Minute  Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):  Pump Test Data for Flowing Well  Measured shut in head:  GPM with a drawdown of  feet after  hours of pumping  Meter Installation  Meter Manufacturer:  Meter Model Number/Name:  Type of Meter:  Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):  Installation Date:  Meter installed by:  Is This Meter (circle one): New Repaired Replacement  Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEO website.  THEREBY CERTIFY that the above statements are true to the best of my knowledge.  DANCO P. HOUT O-757 P. 7.23-13		city:Gallons Per Minute			
Pump Test Data for Non Flowing Well					
Pump Test Data for Non Flowing Well  Date Well Tested:					
Pump Test Data for Non Flowing Well  Date Well Tested:					
Duration of Pump Test (minimum 4 hours):hours  Static Water Level (A):					
Static Water Level (A):	•	i i			
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute  Method of measurement (circle one): Geel tape) Electric tape Air line Other (describe):  Pump Test Data for Flowing Well  Measured shut in head: feet.  Well yielded GPM with a drawdown of feet after hours of pumping  Meter Installation  Meter Manufacturer: Meter Serial Number:  Type of Meter:  Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):  Installation Date: Meter installed by:  Is This Meter (circle one): New Repaired Replacement  Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEQ website:  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULO P. HOUT O-757 P 7.23-13					
Method of measurement (circle one): Steel tape   Electric tape   Air line   Other (describe):	i i				
Pump Test Data for Flowing Well  Measured shut in head:feet.  Well yieldedGPM with a drawdown offeet afterhours of pumping  Meter Installation  Meter Manufacturer:	Drawdown [(B) - (A)]:Feet Below Land Surface Test Pum	ping Rate: Gallons Per Minute			
Measured shut in head:feet.  Well yieldedGPM with a drawdown offeet afterhours of pumping  Meter Installation  Meter Manufacturer: Meter Serial Number:  Meter Model Number/Name: Type of Meter:  Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):  Installation Date: Meter installed by:  Is This Meter (circle one): New Repaired Replacement  Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEQ website.  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULD P. HOLT O-757 P 7.23-13					
Well yieldedGPM with a drawdown offeet afterhours of pumping    Meter Installation	- · · · · · · · · · · · · · · · · · · ·	/ell			
Meter Manufacturer:    Meter Model Number/Name:   Type of Meter:					
Meter Manufacturer:  Meter Model Number/Name:  Type of Meter:  Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):  Installation Date:  Meter installed by:  Is This Meter (circle one):  New Repaired Replacement  Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEO website.  THEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULD P. HOLT O-757P  7.23-13	Well yieldedGPM with a drawdown of feet after	hours of pumping			
Meter Model Number/Name:	. /				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):  Installation Date:	Meter Manufacturer: Meter Seri	al Number:			
Installation Date: Meter installed by:	Meter Model Number/Name: Type of N	leter:			
Is This Meter (circle one): New Repaired Replacement  Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEQ website.  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULD P. HOLT O-757P  7.23-13	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.  For agricultural wells, a list of approved meters is on the MDEO website.  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULD P. HOLT O-757P  7.23-13	Installation Date: Meter installed by:				
THEREBY CERTIFY that the above statements are true to the best of my knowledge.  DAULD P. HOLT 0-757P 7.23-13	Is This Meter (circle one): New Repaired Replacement	RHOEVE			
DAUED P. HOLT O-757P 7.23-13 Jaly 11	Important: By submitting the above information you are certifying that this n For agricultural wells, a list of approved meters is or	neter was installed to manufacturer standards.  1 the MDEQ website.			
DAUED P. HOLT O-757P 7.23-13 Jaly 11	I HEREBY CERTIFY that the above statements are true to the best of my know	vledge.			
	Day 12 2 11 - 0 -				
Print Name of Pump Installer and License No. (if applicable)  Date  Signature of Pump Installer	District Control of the Control of t	Signature of Pump Installer			

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)

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