

**State Well Report  
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C-382  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: 0-285  
Date drilling completed: 7-3-08

*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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Janice Zoghby</u>	Latitude: <u>30° 35' 194"</u> Longitude: <u>89° 04' 22"</u>
Mailing Address: <u>20548</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Turan Rd.</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Saucier Ms. 39574</u>	<u>NE 1/4 NE 1/4 Sec 27</u> Twn <u>55</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) <u>832-6702</u>	_____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 7-3 Date drilling completed: 7-3 Hole depth: 340' Hole diameter: 5"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
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 (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 7-3-08

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 340 Well grouted to a depth of 15' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: (200'-3") x 2" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 320 feet to 340 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

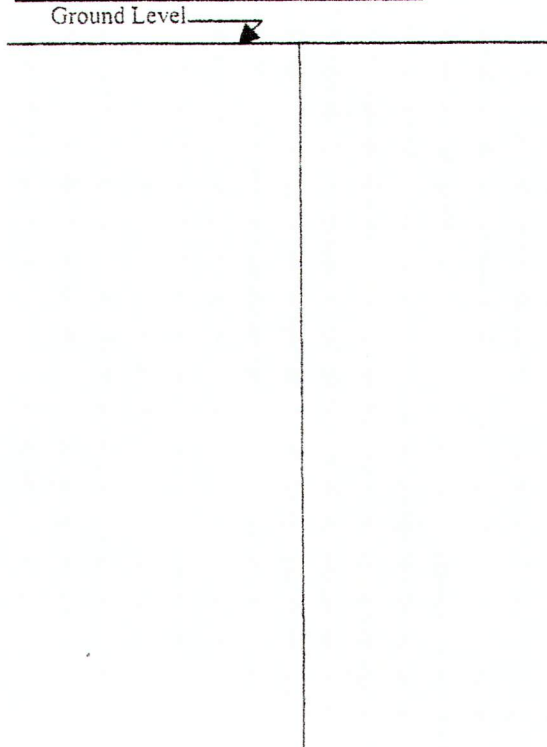
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

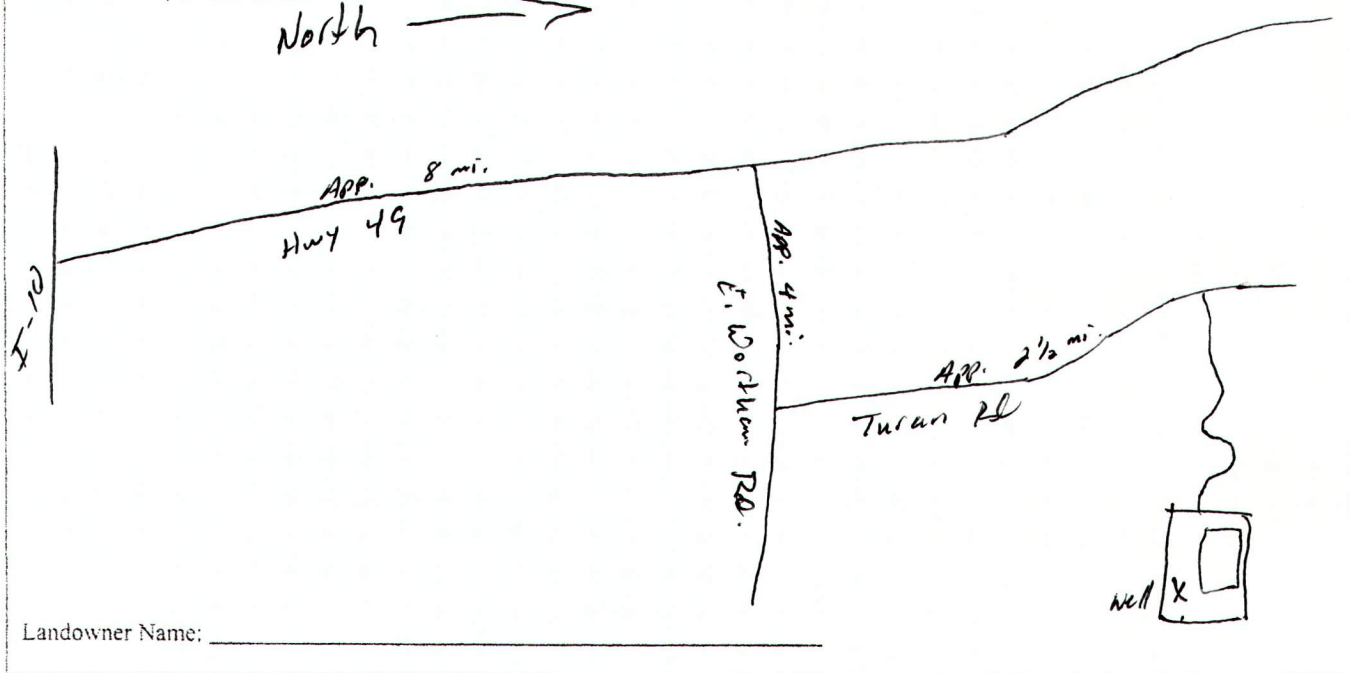


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	40
Sand	40	70
Clay	70	220
Sand	220	270
Clay	270	305
Sand	305	340

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

MALVIN WAGNOR 0-2857      7-2-08

Print Name of Responsible Licensee and License No.      Date

MALVIN WAGNOR      AUG 8 7 2008

Signature of Licensee      RECEIVED BY: OLWR

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: D-285  
 Date completed: 7-10-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-382  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Tanice Zoghby</u>	Latitude: <u>30°-35.154'</u> Longitude: <u>89°04.320'</u>
Mailing Address: <u>20548 Turan RD.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sauvix</u> <u>MS</u> <u>39574</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. ( ) <u>832-6202</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>7-10-08</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-10-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

MALVIN WAGNON D-285 Malvin Wagon  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-3 **RECEIVED**

AUG 07 2008

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