

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)

County: Stone
 Permit #: _____
 Driller: 0-785-
 Date drilling completed: 11-7-16

For Office Use Only:
 Aquifer: _____
 Well #: E45
 L. S. Elevation: _____
 E-log #: _____

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Al Bogue</u>	Latitude: <u>N 30.788288"</u> Longitude: <u>E 89.244613"</u>
Mailing Address: <u>267</u>	<u>30-47-18</u> <u>89-14-41</u>
<u>Wire Rd. West</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Perkinston MS 39577</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 13 Twn 39 Rng 13W</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 11-7 Date drilling completed: 11-7 Hole depth: 200' 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: 50 feet above or below (circle one) land surface Date measured: 11-7-16

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

Well depth: 200' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 3 inches Type of casing: PVC

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

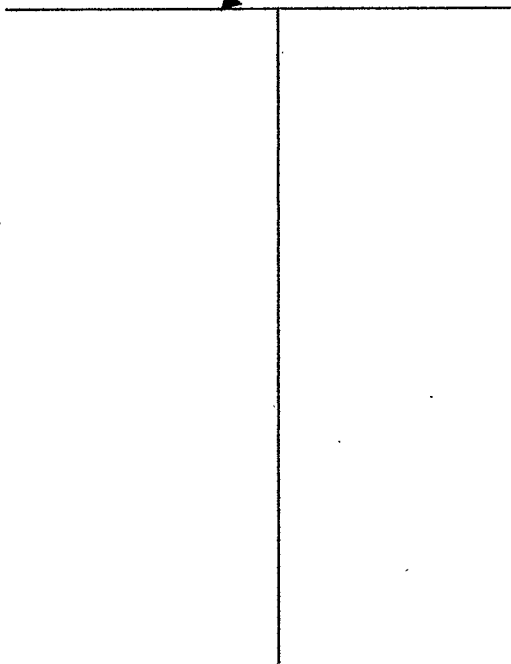
Screen slot size: .006 inches Setting depth: From 180 feet to 200 feet

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*

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The sketch below only required for water wells
If well telescopes, show depths on sketch.
Ground Level →

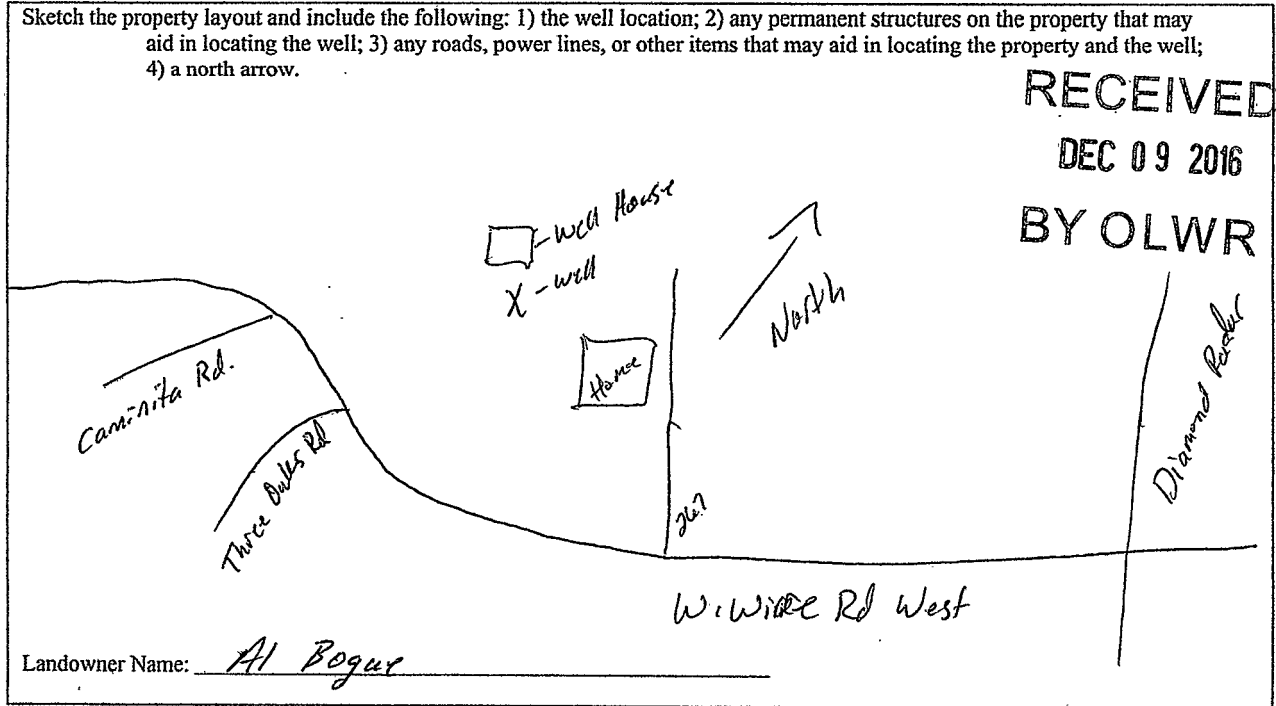


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	10
Clay	10	20
Sand	20	30
Clay	30	65
Sand	65	80
Clay	80	85
Sand + Gravel	85	105
Clay	105	180
Sand	180	200

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.



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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 0-785 11-7-14 Malvin Wagnor

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: Stone
 Permit #: _____
 Driller: P 759
 Date completed: 11-8-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E45
 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>Al Bogut</u>	Latitude: <u>N 30.788288</u> Longitude: <u>E -89.244613</u>
Mailing Address: <u>267</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>W. Wire Rd. West</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston MS 39578</u>	<u>SW 1/4 NE 1/4 Sec 13 T3S R13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="checkbox"/> <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-8-16</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-8-16</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> 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.

SOUTHERN WELL SERVICES P759 Raggio
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer