

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
(601)961-5210
(601)961-5228 (fax)

County: Tallahatchee
Permit #: MS-GW-49891
Driller: TEODY LOUIS
Date drilling completed: 7-28/17

For Office Use Only:
Aquifer: _____
Well #: C134
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Will Boggan</u> Mailing Address: <u>(same)</u> <u>P.O. Box 313</u> <u>Sumner MS 38957</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 3' 8" N</u> Longitude: <u>76° 22' 21" W</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS USGS quad: <u>SW 1/4 NE 1/4 Sec 11 Twn 25N Rng 02W</u> Distance <u>2</u> Miles Direction <u>S</u> of Nearest Town: <u>Kanawha</u> SEP 07 2017</p>
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Well / Borehole Data

Date drilling started: 7/28/17 Date drilling completed: 7/28/17 Hole depth: 112 Hole diameter: 2 1/2" PLW

Location of the source of any surface water used for drilling: nearest well
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: 25 feet above or below (circle one) land surface Date measured: 7/28/17
Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 16 inches Type of casing: P.V.C
Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C
Screen slot size: 050 inches Setting depth: From 72 feet to 80 feet

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

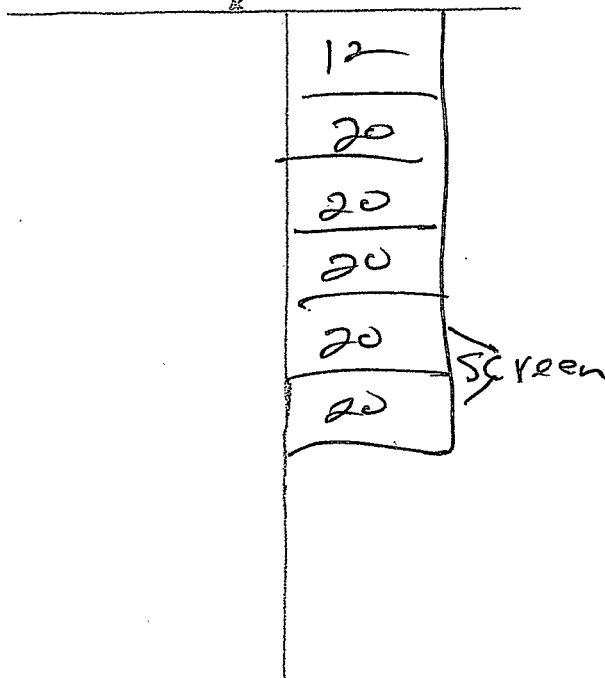
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page

The sketch below only required for water wells

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

If well telescopes, show depths on sketch

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	10
Dirt	10	20
Dirt	20	30
Dirt Sand	30	40
Sand	40	50
Coars sand	50	60
Coars Sand	60	70
Gravil	70	80
Gravil	80	90
Gravil	90	100
Gravil	100	112

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BY OLM

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.

Landowner Name: _____

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.

TEDDY COATS # 5318 7/28/17

Teddy Coats

Print Name of Responsible Licensee and License No.

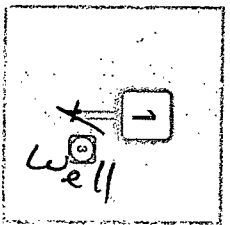
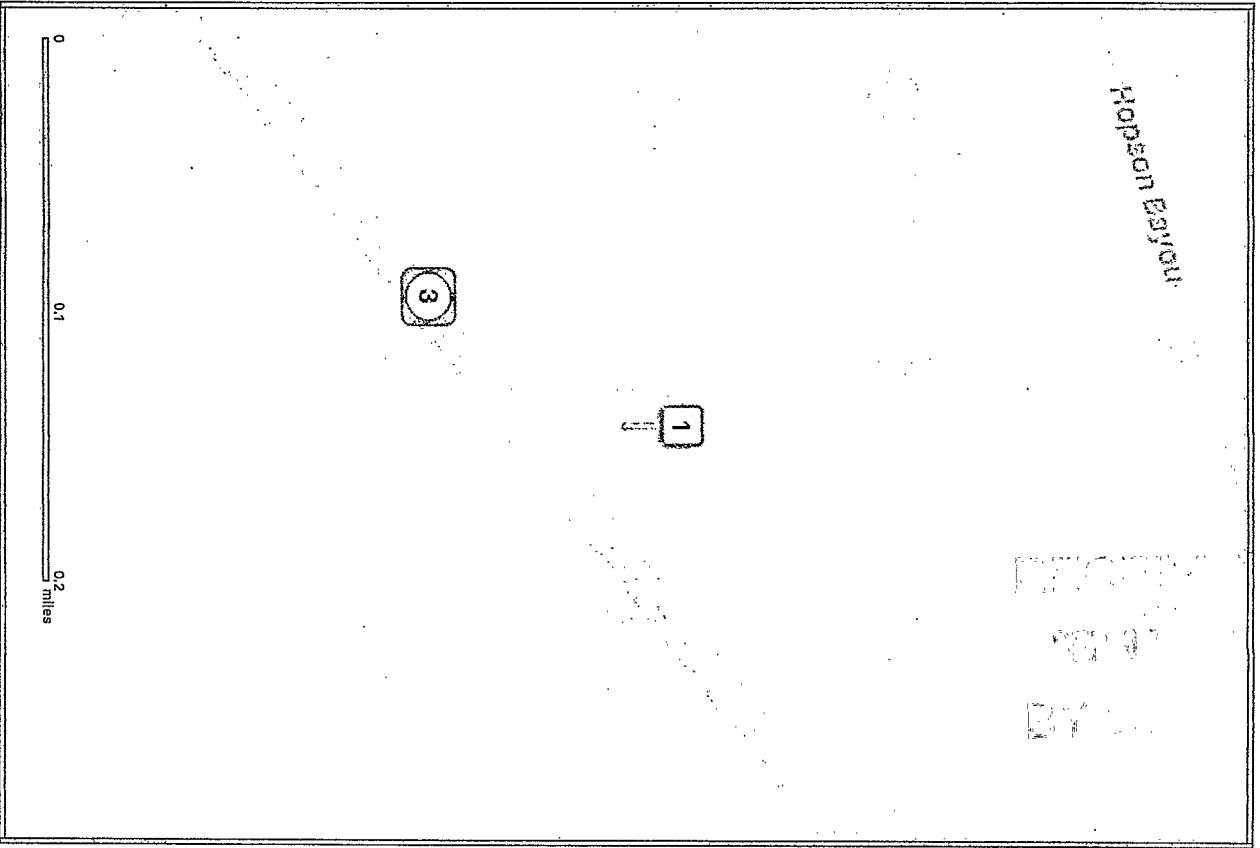
Date

Signature of Licensee



34 3 8n 90 22 21w
near Tutwiler

C134



Highway 3
Highway 3

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STATE WELL REPORT

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C134
 Elevation: _____

County: Tallahatchie
 Permit #: MS GW-49891
 Driller: TEDDY COOKS
 Date completed: 7/28/17
 Copy information from block on Part 1

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>Will Boggan</u>	Latitude: <u>34 38</u> Longitude: <u>90 22 21</u>
Mailing Address: <u>(same)</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 313</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sumner MS 38957</u>	<u>5W 1/4 NE 1/4 Sec 11 T25N R02W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8</u> Miles <u>5</u> of <u>Vanace</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 HP</u>
Date Pump Installed: <u>7/28/17</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>2500</u> GPM with a drawdown of
Test Pumping Rate: <u>2500</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

TEDDY COOKS #5318 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)