

County: Tallahatchie
 Permit #: GW 46076
 Driller: Will Young
 Date drilling completed: 4-18-10

State Well Report
Part I - 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 #: H 217
 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 Bogart Boggan</u></p> <p>Mailing Address: _____ <u>PO Box 313</u> <u>Sumner MS 38957</u> City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location 47.60</p> <p>Latitude: <u>33° 57' 44" ^{37.95}</u> Longitude: <u>90° 23' 19"</u></p> <p>Method of Lat/Long (circle one): <u>Hand-held GPS</u>, Conventional Survey, Survey-grade GPS</p> <p>USGS quad, <u>NW SW</u> SW <u>SE</u> 1/4 Sec <u>10</u> Twn <u>24N</u> Rng <u>2W</u></p> <p>Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Sumner</u></p>
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Well / Borehole Data

Date drilling started: 4/18/10 Date drilling completed: 4/18/10 Hole depth: 105' Hole diameter: 18"

Location of the source of any surface water used for drilling: Local Ditch

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: 22 feet above or below (circle one) land surface Date measured: 4/18

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

Well depth: 105 Well grouted to a depth of 105 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 10" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 0 feet to 105 feet

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

Other (describe): _____

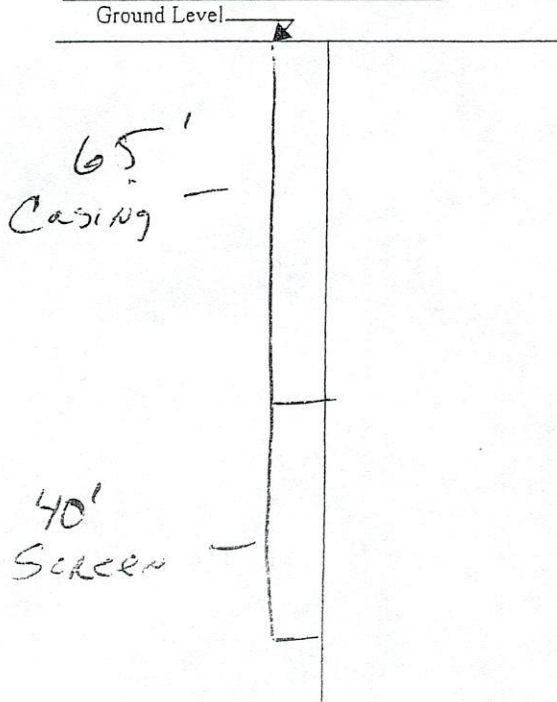
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

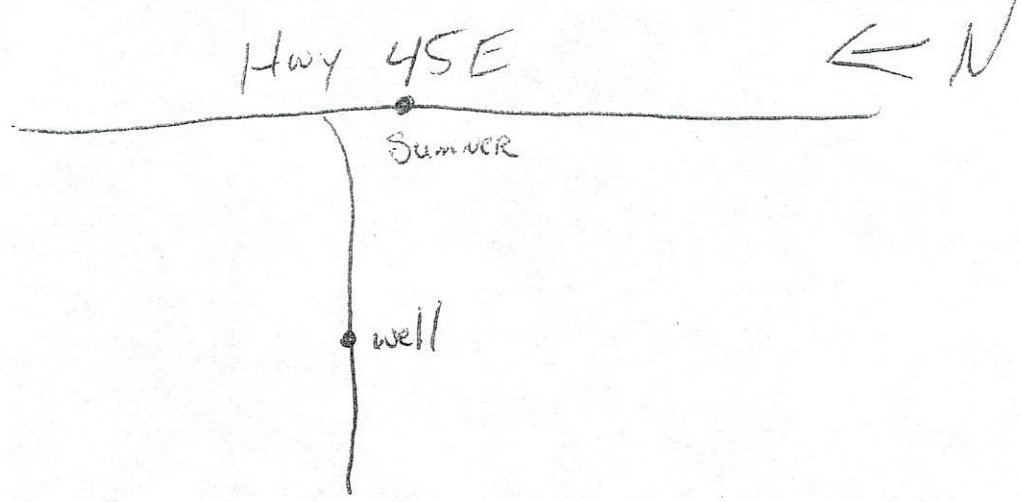


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30
Fine Sand	30'	34'
Coarse Sand Gravel	45	105

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: Will Bogan

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.

Will Young UNR-1995 5/10/10
Print Name of Responsible Licensee and License No. Date

Will Young
Signature of Licensee

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Tallahatchie
Permit #: GW 46076
Driller: Will Young
Date completed: 4-18
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: H217
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>Will Bogan</u>	Latitude: <u>33 57 44</u> Longitude: <u>90 23 19</u>
Mailing Address: _____ <u>PO Box 313</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Sumner Ms 38957</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> <u>SE</u> <u>SW</u> <u>SE</u> 1/4 Sec <u>10</u> T <u>24N</u> R <u>2W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>4-20</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>22</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>37</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>1100</u> GPM with a drawdown of
Test Pumping Rate: <u>1100</u> Gallons Per Minute	<u>15</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.

Will Young UNR-1995
Print Name of Pump Installer and License No. (if applicable)

Will Young
Signature of Pump Installer

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BY: OLWR