

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: C 374

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: LATE
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 10-11-10

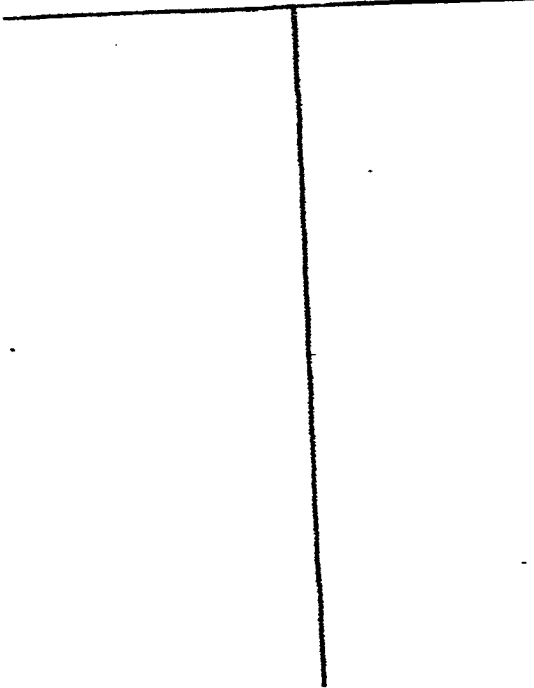
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Bill Bogan</u>	Latitude: <u>34.45.41</u> Longitude: <u>89.50.35</u>
Mailing Address: <u>1667 Green Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Clayton MS 38618</u>	<u>N 1/4 SW 1/4 Sec 04 Twn 45 Rng 26 W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 826-5910</u>	<u>4</u> Miles <u>N/W of WALKER</u>
Well Data	
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other _____	
Date well drilling started: <u>10-11-10</u> Date well drilling completed: <u>10-11-10</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>102</u> feet above or below (circle one) <input checked="" type="checkbox"/> land surface <input type="checkbox"/> Date measured: <u>10-11-10</u>	
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input checked="" type="checkbox"/> other: <u>level weight</u>	
Hole Depth: <u>155</u> Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>135</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 THOUS</u> inches Setting depth: From <u>135</u> feet to <u>155</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel pack <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
<u>Bob Smith 0645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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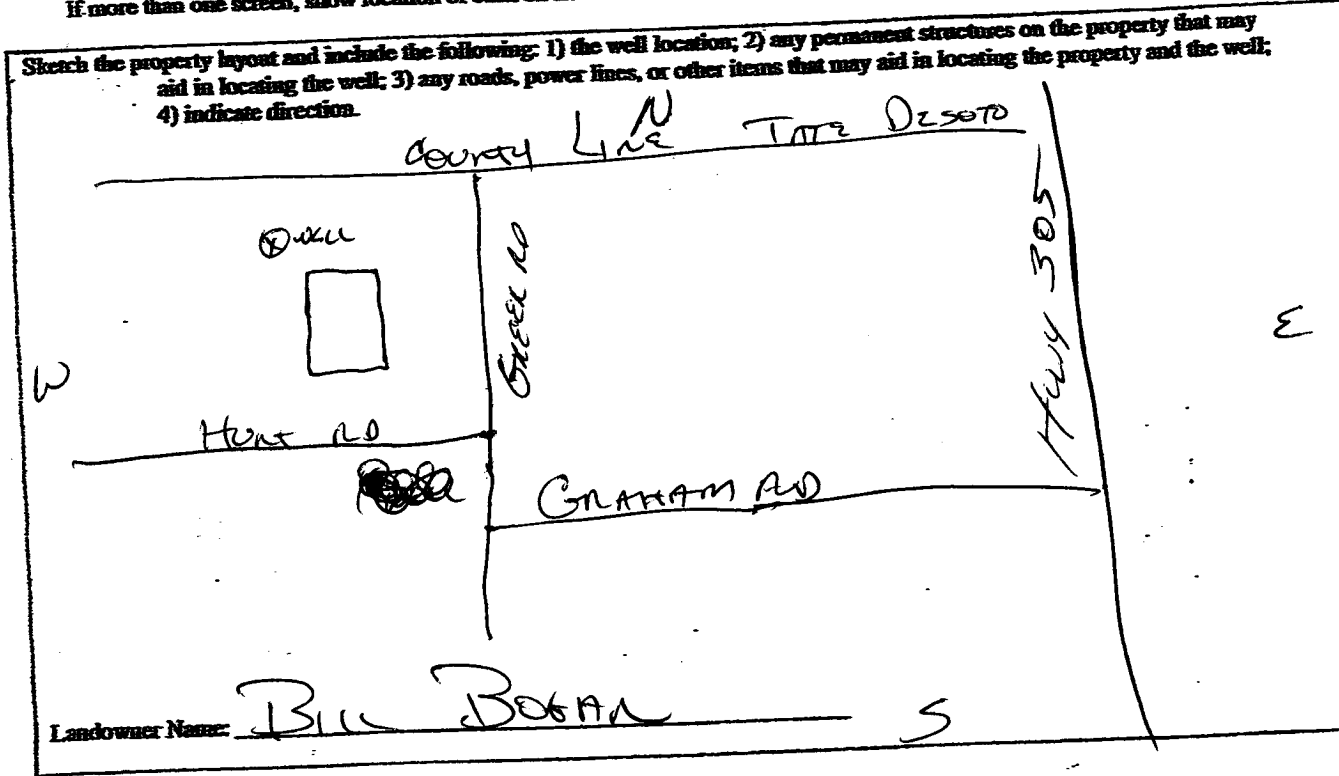
BY: OLWR

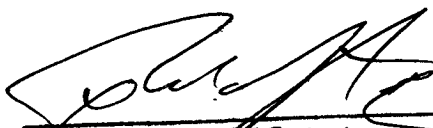
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	28
WHITE CLAY	28	34
GRAVEL	34	42
WHITE CLAY	42	110
WHITE SAND	110	155

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




Signature of Water Well Contractor

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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

For Office Use Only

Aquifer: _____

Well #: _____

Elevation: _____

County: TRE
Permit #: _____
Driller: BOB SMITH
Date completed: 10-11-10

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Bill BOGAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1667 GREEN RD</u>	Method of Lat/Long (circle one): Conventional Survey
<u>COAHUTTA MS 38618</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 2-4 Twn 14S Rng 16W</u>
Telephone No. <u>901 826-5910</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4 miles N/W of WAKEFIELD</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<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>10-11-10</u>	Setting Depth: <u>170</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>10-11-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>102</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>13</u> gallons per Minute	Well yielded <u>13</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

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

Bob Smith 0645 _____
Print Name of Pump Installer and License No. Signature of Pump Installer

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