

County: Amite  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 7-15-10

**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)

For Office Use Only:  
 Aquifer: E 130  
 Well #: \_\_\_\_\_  
 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><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Wayne Morrison</u>          Mailing Address: <u>825 Sycamore St</u>  <u>Morgan City La.</u>  <u>70380</u>          City State Zip Code          Telephone No. (<u>601</u>) <u>3971632</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 19' 48"</u> Longitude: <u>90° 38' 18"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW</u> ¼ <u>NE</u> ¼ Sec <u>7</u> Twn <u>4N</u> Rng <u>6E</u>          Distance Direction Nearest Town  <u>14</u> Miles <u>NE</u> of <u>Liberty</u></p>
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**Well / Borehole Data**

Date drilling started: 7-15-10 Date drilling completed: 7-15-10 Hole depth: 160 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek  
 Method of dosing and volume of Chlorine used in drilling and development: 2lb Shock

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: 110 feet above or below (circle one) land surface Date measured: 7-15-10

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 140 feet to 160 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 (04/08)

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 AUG 12 2010  
 BY: OLWR



RECEIVED  
AUG 12 2010  
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)

For Office Use Only:  
Aquifer: F13D  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: AMJ  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date completed: 7-15-10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

**Well Owner Information**  
Owner Name: Wynne Morgan  
Mailing Address: 825 Sycamore St  
Morgan City LA  
70380 State Zip Code  
Telephone No. ( ) \_\_\_\_\_

**Well Location**  
Latitude: \_\_\_\_\_  
Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
1/4 Sec 7 1/4 44 Rng 6E  
Distance \_\_\_\_\_ Direction NE of \_\_\_\_\_  
Miles 14 Nearest Town Liberty

**Pump Type**  
Circle one  
Air Lift  Bucket  Centrifugal  ~~Submersible~~  Jet  Piston  Turbine  Rotary  Flowing Well  Windmill  Diesel Engine  Gasoline Engine  Hand  Tractor PTO  Electric Motor  Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: \_\_\_\_\_  
Setting Depth: \_\_\_\_\_ feet  
Number of Stages: \_\_\_\_\_

**Date Pump Installed:** 7-15-10  
**Rated Pump Capacity:** \_\_\_\_\_ Gallons Per Minute

**Pump Test Data**  
Date Well Tested: 7-15-10  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown (B) - (A): \_\_\_\_\_ Feet Below Land Surface  
Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one  
Air Line  Electric Measuring Line  Steel Tape  Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet  
\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Signature of Pump Installer: James Wells  
Print Name of Pump Installer and License No. (if applicable): JAMES WELLS 0-586