

County: Amite  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 4-15-11

**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: U117  
 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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mildred Morgan</u>	Latitude: <u>31° 04' 36"</u> Longitude: <u>90° 34' 19"</u>
Mailing Address: <u>2421 Maurice Rd</u> <u>Magnolia MS</u> <u>39652</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>S2W 1/4 SE</u> 1/4 Sec <u>2</u> Twn <u>17</u> Rng <u>6E</u>
Telephone No. <u>(601) 248 9795</u>	Distance: <u>7</u> Miles Direction: <u>West</u> of Nearest Town: <u>Magnolia MS</u>

**Well / Borehole Data**

Date drilling started: 4-15-11 Date drilling completed: 4-15-11 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: 200 Shocks

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: 70 feet above or  below (circle one) land surface Date measured: 4-15-11

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

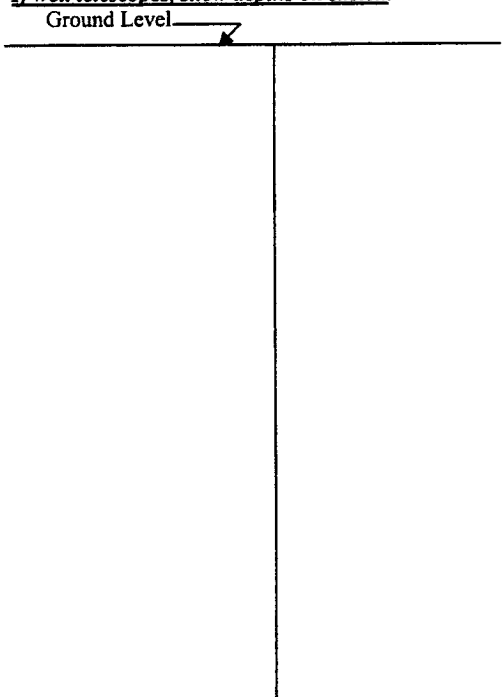
Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

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

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)
	Ground Level	2
Clay	2	40
Sand	40	60
Clay	60	80
Keokuk	80	160

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: Mildred Morgan

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

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.

JAMES WELLS 0-586  
Print Name of Responsible Licensee and License No.

Date

James Wells  
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: Amite  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 4-1-11

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

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: Wildred Morgan  
 Mailing Address: 2421 Maurice Rd  
Magnolia MS  
 City State Zip Code  
601, 248 9795

### Well Locations

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
 1/4 1/4 Sec 2 Twn 1 N Rng 6 E  
 Distance Direction Nearest Town  
7 Miles W of Magnolia MS

### Pump Type

Circle one  
 Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4-1-11  
 Rated Pump Capacity: 15 Gallons Per Minute

### Power Type

Circle one  
 Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1  
 Setting Depth: 100 feet  
 Number of Stages: 14

### Pump Test Data

Date Well Tested: 4-1-11  
 Static Water Level (A): 70 Feet Below Land Surface  
 Pumping Water Level (B): 100 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 30 Feet Below Land Surface  
 Test Pumping Rate: 15 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 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: 15 GPM with a drawdown of  
70 feet after 4 hours of pumping

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

JAMES WELLS 0-586  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer