

JUL-15-2006 08:51 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

#499

County Bolivar  
 Permit # GW 41205  
 Driller: Shane Partridge  
 Date drilling completed 7-7-06

**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 # T-187  
 I. 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Morgan Farms</u>	Latitude <u>33° 24' 38.9"</u> Longitude <u>090° 20' 55.7"</u>
Mailing Address: <u>P.O. Box 369</u>	Method of Lat/Long (circle one): <u>35 57</u> Conventional Survey, <u>51 01</u>
<u>Cleveland MS 38732</u>	USGS quad, <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>8</u> Twp <u>20N</u> Rng <u>6W</u>
Telephone No. <u>(662) 719-4089</u>	Distance _____ Direction _____ Nearest Town _____
	Miles of _____

**Well / Borehole Data**

Date drilling started: 7-7-06 Date drilling completed: 7-7-06 Hole depth: 24' Hole diameter: 24"

Location of the source of any surface water used for drilling: OLD WELL @ SITE

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 X Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) N/A

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 7-7-06

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

Well depth: 124' Well grouted to a depth of 10 feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 84 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 84 feet to 124 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Replaces GW06625

Form: OLWR-SWR-1A

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JUL-15-2006 08:51 From: MID SOUTH WATER

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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 (tax)

County: Bolivar  
 Permit # QW41205  
 Driller Dewayne Griffin  
 Date completed \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well # T-187  
 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>Morgan Farms</u>	Latitude: <u>33° 34' 38.4"</u> Longitude: <u>090° 50' 55.7"</u>
Mailing Address: <u>P.O. Box 369</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Cleveland</u> MS <u>38232</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> Sec <u>17</u> T <u>20N</u> R <u>6W</u>
Telephone No. <u>(662) 719-4089</u>	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>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7/8/06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Stool Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Christman 0-703 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-11B

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BY: OLWR