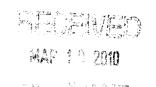
	State W	ell Report				
County: Bolivar		Driller's Log	For Office Use Only:			
Permit #: 6W-43995	Mississippi Departmer	nt of Environmental Quality	Aquifer: 7 206			
Trrigation Equipment		nd Water Resources	**** #.			
Irrigation Equipment		Box 2309 n, MS 39225	Well #:			
Date drilling completed: 3-5-10		961- 5210	L. S. Elevation:			
Date di ming completed: 22 10		1- 5228 (fax)				
State I am requires that this report	hamman ad bu di a 10.		E-log #:			
State Law requires that this report Department at the above address v	ve preparea by the uc vithin 30 days of com	ense holder responsible for t pletion of drilling of the well	he work and filed with the			
Information on Well Owner		Well or Bo	rehole Location			
(Landowner if borehole is not for	a water well)					
Owner Name Morgan Plan	ting	<u> </u>	" Longitude: 90 • 61 • 30 "			
Owner Name Morgan Plan Mailing Address: 2612 Hwy	448	Method of Lat/Long (circle on				
		USGS quad, (Hand-held	GPS Survey-grade GPS			
Shaw Mr.	38773	SE 1/4 NW /4 Sec 7	Twn 20N Rng 6W			
Shaw Ms. City State	Zip Code	Distance Direction	Nearest Town			
Telephone No. 662) 719 - 338	9	Miles W	of Shaw			
	Well / Bore	hala Data				
2.41a						
Date drilling started: 3-4-10 Date drill	ing completed: 3-4-7	0 Hole depth: 142	Hole diameter: 24"			
Location of the source of any surface water Method of dosing and volume of Chlorine u	used for drilling: Sused in drilling and development	urface Water				
Logs run (circle all applicable) No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron (Other:			
Purpose of borehole (check one): Water Well	Geotechnical/Geolo	ogical Investigation Ground	Source Heat Pump			
Seismic Su	rvey Other (describe)	1				
If drilling is not related to	water well construction	, skip the remainder of this blo	ck			
Purpose of Well (check one): Home Inde	ustrialPublic Supply_	Irrigation Fish Culture	Other:			
If a flowing well, method of flow regulation:	Valve Ot	her (describe)				
Static Water Level:feet abov	re de below circle one) la	and surface Date measured:	3-6-10			
Method of Measurement (circle one) steel		air line other:				
Well depth: 142 Well grouted to a depth	of 10 feet Type	of grout (circle one): Neat Ceme	nt (Bentonite) Mix			
98c1	diameter: 16	_inches Type of casing:	OVC			
Screen length: 40 6 feet Screen diameter: 16 inches Type of screen: PVC						
Screen slot size:						
Type of completion (circle all applicable):	Gravel packed Underre	eamed Telescoped Open h	ole Natural Development			

Other (describe): _

feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing:

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



87: OMF

well telescopes, show depths on sketch.		ulations
Ground Level	Description of Formations Encountered From (depth)	To (depth)
	Ground Level	122
}	Fine Sand 23	38
	Fine Semd + Grave 39	55
	Medium Sand + Gravel 56	142
		ļ
		
		
		 -
		
ļ		
 		
		
If more than one screen, show location of each on	sketch	
sissippi Department of Environmental Quality and Patrick M. Chism 0695	Form: OLWR-SWR-1Ad, and completed in accordance with all applicable requirements of the Mississippi Department of Health regulations, if applicable, and	he I state
rtify that the well/borehole was drilled, constructed sissippi Department of Environmental Quality and	Form: OLWR-SWR-1A d, and completed in accordance with all applicable requirements of the Mississippi Department of Health regulations, if applicable, and Date Signature of Licensee	he

	1 STATE W	ELL REPORT			
County: Bolivar	i	Part 2	For Office Use Only:		
		rart 2 's Completion Report	Aguifer: T76/		
Permit#: 6-11-43996 Irrigation Equipment	Mississippi Departme	ent of Environmental Quality	Aquifer: T206		
Driller:	Office of Land	and Water Resources	Well #:		
Date completed: 3-5-10	1	. Box 2309	WGII #.		
Date completed: 2 2 10		on, MS 39225 1)961-5210	Elevation:		
Convinformation from block on Part 1	•	61-5228 (fax)			
This are of the	. ′	` ,			
This part of the report must be completed	by a licensed water well	contractor or a licensed pump in	staller. A copy of Part 1 of the		
report must be attached and both parts fill Well Owner Information	eu wun ine <i>Department</i> tion		ys of well completion. Location		
•					
Owner Name: 1/10 rgan 1910	inting	Latitude:	Longitude:		
Mailing Address: 26/12 Hwy	ner Name: <u>Morgan Planting</u> iling Address: <u>2612 Hwy 448</u>		Method of Lat/Long (check one): Conventional Survey		
777		, , , , , , , , , , , , , , , , , , , ,			
	 _	USGS quad, Hand-held	GPS Survey-grade GPS		
Shan M3 City State	38773 Zin Code	į.	7 T 20N R 6W		
		Distance Direction	Distance Direction Nearest Town		
Telephone No. (662) 719-33	07		Shaw		
		<u> </u>			
Pump Type		Down	ver Type		
Circle one			rcle one		
Air Lift Jet	Submersible	• — · · ·	Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):		
Other (specify):		Horse Power Rating of Motor:	75		
Date Pump Installed: 3-6-1	D				
		Setting Depth:	feet		
Rated Pump Capacity: 3000 ± Gallons Per Minute		Number of Stages:	/		
		<u> </u>			
Pump Test Data	 	Mathad of Ma-	swing Water I		
Date Well Tested:			suring Water Level		
		Air Line Electric Meass			
Static Water Level (A):Feet 1	Below Land Surface	Other (an asign)	-		
Pumping Water Level (B):Feet H	Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]:Feet l	Below Land Surface	For flowing well, measured shu	t in head:feet		
Test Pumping Rate:	Gallons Per Minute	Well yielded			
		won yicidea	OF M MITT S GLSMGOWN OF		
Duration of Pump Test (minimum 4 hours):hours		feet after	hours of pumping		
		<u> </u>			
This is for (circle one): New Well	Replacement of Exi	sting Pump Repair of Exis	sting Pump		
		+\/			
I HEREBY CERTIFY that the above stateme	ents are true to the best o	f my knowledge			
Patrick M. Chism 06		inj kiliwicige.	/		
		7/			
Print Name of Pump Installer and License No	o. (if applicable)	Signature of Pump Inst			
			Form: OLWR-SWR-1C (07-09)		
			AND STATE OF THE		
			. 1 t 24 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		

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