D $I$	State w	ven Keport					
County: Bolivar		Driller's Log	For Office Use Only:				
	Mississippi Departme	nt of Environmental Quality	Aquifer: 708				
Permit#: <u>GW-44168</u>	Office of Land and Water Resources						
Irrigation Equipment		Box 2309	Well #:				
		n, MS 39225	Tari				
Date drilling completed: 4-20-10		961- 5210	L. S. Elevation:				
	(601)96	1- 5228 (fax)	E-log#:				
State Law requires that this repor	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 com	ense noticer responsible for t	ne work and filed with the				
Information on Well O	wner	ieuon oj aruting of the wett or borehole.					
(Landowner if borehole is not for a water well)		Well or Borehole Location					
Owner Name Duke Morgan Sr.		Latitude: 33 · 35 · 40.0 Longitude: 90 · 49 · 41.2					
Mailing Address: 2612 Hwy		Method of Lat/Long (circle one): Conventional Survey,					
/		USGS quad Hand-held					
Shaw M.	s. 38773	5E 4 NW4 Sec 9	_ Twn-20N Rng 6 W				
City Stat	e Zip Code	Distance Direction  Miles	Nearest Town				
Telephone No. (662) 719-33	89		of Shaw				
Telephone No. (COX) 117 CO							
	Well / Bore	hola Data					
Date drilling started: 42010 Date dri	lling completed: 4-20	10 Hole depth: 135	Hole diameter: 24"				
Date drilling started: 42010 Date drilling completed: 42010 Hole depth: 135 Hole diameter: 24"							
Location of the source of any surface water	used for drilling:	urface Water					
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM							
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:							
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump							
Sainmia S	newson Other (decent)	`					
If drilling is not related	urveyOther (describe	w alim the serve in des of this 11-	a.L.				
Purpose of Well (check one): Home In	to water west construction	Divo+	CK				
Purpose of Well (check one): Home In	dustrial Public Supply	Irrigation Fish Culture	Other Replacement				
If a flowing well, method of flow regulation	n: ValyeO	ther (describe)					
Static Water Level: 32 feet above or below circle one) land surface Date measured: 4-21-10							
Method of Measurement (circle one) steel tape electric tape air line other:							
Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix							
Casing length: 95 feet Casing diameter: 16 inches Type of casing: PVC							
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC							
Screen slot size: . 050 inches Setting depth: From See back feet to 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. <i>If tel</i>	escoped or more than one scree	n, describe on next page				

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

MAY 0.5 2010

BY OMA

From (depth) To (depth)
Ground Level 23

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Signature of Licensee

MAY 8 5 2010

Description of Formations Encountered

		Fine Sand	<u> 24</u>	59
		Fing Sand + Uravel	40	53
	:	Medium Sand+ Gravel	<u> 54</u>	96
		tine Sand + Grave	97	112
		Illedium Sanda Gravel	113	1.35
	1			<del> </del>
: 		Screen: . 050		<del> </del>
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		(76-95) 20'		<del> </del>
			<del></del>	<del> </del>
		( 96-115) 20' Bla	- Kal	<del> </del>
			nnee	<del> </del>
	ł	(116-135) 20'		<del> </del>
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downer Name: Du	Ke Morgan S	Sr.		
downer Name: Du	Ke Morgan S		I WD SWAD 1	A (04/09)
		Form: O	LWR-SWR-1	٠,
<u>.</u>				٠,
tify that the well/boreho	ole was drilled, constructed, and	Form: O	uirements of	the
tify that the well/boreho	ole was drilled, constructed, and	Form: O	uirements of	the
rtify that the well/boreho	ole was drilled, constructed, and invironmental Quality and the I	Form: O	uirements of	the

Date

The sketch below only required for water wells

Print Name of Responsible Licensee and License No.

If well telescopes, show depths on sketch.

Ground Level.

Part 2   Pump Installer's Completion Report   Aquifer:   Aquifer							
Pennin g. G. W 444 68 III 1 Gation Equipment Date completed: 4-20-10 Date completed: 4-20-10 Case Information from block on Part 1 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 Owner Name: D. u. K. e. Morgan S. L. Mailing Address 2612 Hwy 448  Mellod of Lu/Long (check one): Conventional Survey USGS quad	Country Rollings	STATE WELL REPORT		For Office Use Only:			
Date completed: \$\frac{1}{20-10}\$   Date completed by a licensed water well contractor or a licensed pump installer. \$A copy of Part 1 of the report must be attached and dots parts filed with the Department at the above address within 30 days of well completion.  Well Owner Information  Owner Name: \$\frac{1}{20-10}\$   During \$A\$.  Mailing Address: \$\frac{1}{20-10}\$   During \$A\$.  Mailing Address: \$\frac{1}{20-10}\$   Hwy \$\frac{1}{48}\$   Hand-held \$GPS\$   Survey-grade \$GPS\$    Shaw \$M\$2. \$\frac{3}{20-10}\$   State \$Z_{10}\$ Code  Telephone No. \$\frac{1}{20-10}\$   State \$Z_{10}\$ Code  Telephone No. \$\frac{1}{20-10}\$		·					
Date completed: \$\frac{1-20-10}{2-20-10}\$    P.O. Box 2309   Jackson, MS 39225 (601)961-5210 (601)96	Irrigation Equipment	Mississippi Department of Environmental Quality		1008			
Contributed Part Pype Circle one Centrifugal Rotary Flowing Well Centrifugal Rotary Flowing Rotary Flowing Retary Level Circle one Centrifugal Rotary Flowing Rotary Flowing Well Replacement of Existing Pump Repair of Existing Pump  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  Centrifugal Rotary Flowing Part to to the best of myltowythistice.		P.O.	Box 2309	Well #:			
Continued to the block of Part I   Converted to the person must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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	Date completed: 7-20-10			Elevation:			
Well Owner Information Owner Name:	Copy information from block on Part 1						
Owner Name: Duke Morgan St.  Mailing Address: 2612 Hwy 448  Mailing Address: 2612 Hwy 448  Method of Lat/Long (check one): Conventional Survey	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						
Mailing Address: 26/2 Hwy 448    Method of Lat/Long (check one): Conventional Survey	well Owner Informati	lon					
Mailing Address: 26/2 Hwy 448    Method of Lat/Long (check one): Conventional Survey	Owner Name: Duke Morg	an Sh	Latitude:	Longitude			
Shaw Ms. 38773 City State Zip Code  Telephone No. 662) 719 - 3389  Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):  Date Pump Installed:  Gallons Per Minute  Date Well Tested:  Static Water Level (A):  Feet Below Land Surface Prumping Water Level (B):  Feet Below Land Surface Drawdown [(B) - (A)]:  Feet Below Land Surface Drawdown [(B) - (A)]:  Gallons Per Minute  Date Pump Test (minimum 4 hours):  hours  Date Well Replacement of Existing Pump  Repair of Existing Pump	Mailing Address: 2612 Hwy 448						
Shaw Ms. 38773 City State Zip Code  Telephone No. 662) 719 - 3389  Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):  Date Pump Installed:  Gallons Per Minute  Date Well Tested:  Static Water Level (A):  Feet Below Land Surface Prumping Water Level (B):  Feet Below Land Surface Drawdown [(B) - (A)]:  Feet Below Land Surface Drawdown [(B) - (A)]:  Gallons Per Minute  Date Pump Test (minimum 4 hours):  hours  Date Well Replacement of Existing Pump  Repair of Existing Pump			USGS quad, Hand-held	1 GPS , Survey-grade GPS			
Telephone No. 662) 719-3389    Distance   Single   Direction   Direct	Shaw Ms.	38773					
Air Lift    Circle one   Diesel Engine   Circle one   Cir			Distance Direction  Miles W	of Shaw			
Air Lift    Circle one   Diesel Engine   Circle one   Cir							
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):							
Bucket Piston Turbine Electric Motor Hand Tractor PTO  Centrifugal Rotary Flowing Well Windmill Other (specify):	11 710	Submersible					
Other (specify):	Bucket Piston	Turbine					
Date Pump Installed:	Centrifugal Rotary	Flowing Well	Windmill Other	(specify):			
Setting Depth:	Other (specify):		Horse Power Rating of Motor	150			
Pump Test Data  Date Well Tested:  Static Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Pumping Water Level (B):  Feet Below Land Surface  Other (specify):  For flowing well, measured shut in head:  Feet Pumping Rate:  Gallons Per Minute  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  hours  This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump  Repair of Existing Pump	Date Pump Installed: 4-21-1	0	-	7.0			
Date Well Tested: Circle one Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  THEREBY CERTIFY that the above statements are true to the best of mylknowledge.	Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	3			
Date Well Tested: Circle one Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  THEREBY CERTIFY that the above statements are true to the best of mylknowledge.	Dump Took Date						
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  This is for (circle one): New Well Replacement of Existing Pump  Repair of Existing Pump  THEREBY CERTIFY that the above statements are true to the best of mykpowiese.	Date Well Tested:	<u>'\</u>					
Prumping Water Level (B):Feet Below Land Surface  Drawdown [(B) – (A)]:Feet Below Land Surface  For flowing well, measured shut in head:feet  Well yieldedGPM with a drawdown of  Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  HEREBY CERTIFY that the above statements are true to the best of myknowieige.	Static Water Level (A):Feet F	Below Land Surface	Air Line Electric Mea	asuring Line Steel Tape			
Test Pumping Rate:	Pumping Water Level (B):Feet B	elow Land Surface	Other (specify):				
Duration of Pump Test (minimum 4 hours):hourshours of pumping  This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  HEREBY CERTIFY that the above statements are true to the best of myknowicing.	Drawdown [(B) – (A)]:Feet B	Below Land Surface	For flowing well, measured sl	nut in head:feet			
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump  HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a drawdown of			
HEREBY CERTIFY that the above statements are true to the best of myknowiedge.	Duration of Pump Test (minimum 4 hours):	hours	feet after_	hours of pumping			
	This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump						
	I HEREBY CERTIFY that the above statements are true to the best of mylkowidioe.						
		2		)			

Print Name of Pump Installer and License No. (if applicable)

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