

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: T 218  
Well #: \_\_\_\_\_  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-46563 ✓  
Driller: Irrigation Equipment  
Date drilling completed: 07/17/2012

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 Planting Co.</u>	Latitude: <u>33 ° 35 ' 51 "</u> Longitude: <u>90 ° 48 ' 41 "</u>
Mailing Address: <u>2612 Hwy 448</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Shaw</u> <u>Ms</u> <u>38733</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW</u> ¼ <u>NW</u> ¼ Sec <u>10</u> ✓ TwN <u>20N</u> ✓ Rng <u>6W</u> ✓
Telephone No. ( ) -	<u>SE</u> Distance Direction Nearest Town
	<u>2</u> Miles <u>West</u> of <u>Shaw</u>

Well / Borehole Data

Date drilling started: 07/17/2012 Date drilling completed: 07/17/2012 Hole depth: 127 Hole diameter: 24"  
Location of the source of any surface water used for drilling: Surface Water  
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM  
Logs run (check 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: Repl GW-12616  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 45 feet above or below (check one)  land  surface Date measured: 07/20/2012  
Method of Measurement (check one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
Well depth: 127 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix  
Casing length: 87 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 88 feet to 127 feet  
Type of completion (check 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)

RECEIVED  
AUG 27 2012  
BY: OLWR

T218

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

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: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Bolivar  
Permit #: GW-46563  
Driller: Irrigation Equipment  
Date drilling completed: 07/17/2012  
Copy 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.*

<p align="center"><b>Well Owner Information</b></p> <p>Owner Name: <u>Morgan Planting Co.</u></p> <p>Mailing Address: <u>2612 Hwy 448</u></p> <p><u>Shaw</u>                      <u>Ms</u>                      <u>38733</u> City                              State                      Zip code</p> <p>Telephone No. (    ) - _____</p>	<p align="center"><b>Well Location</b></p> <p>Latitude: <u>33 35' 51.7 N</u>      Longitude: <u>90 48' 41.6 W</u></p> <p>Method of Lat/Long (check one):    <input type="checkbox"/> Conventional Survey,  <input type="checkbox"/> USGS quad,    <input checked="" type="checkbox"/> Hand-held GPS,    <input type="checkbox"/> Survey-grade GPS</p> <p><u>NW</u> ¼ <u>NW</u> ¼    Sec <u>10</u>                      T <u>20N</u>                      R <u>6W</u></p> <p>Distance                      Direction                      Nearest Town</p> <p><u>2</u> Miles <u>West</u> of <u>Shaw</u></p>
---	--


<p align="center"><b>Pump Type</b> Check one</p> <p><input type="checkbox"/> Air Lift                      <input type="checkbox"/> Jet                              <input type="checkbox"/> Submersible  <input type="checkbox"/> Bucket                      <input type="checkbox"/> Piston                          <input checked="" type="checkbox"/> Turbine  <input type="checkbox"/> Centrifugal              <input type="checkbox"/> Rotary                      <input type="checkbox"/> Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>07/20/2012</u></p> <p>Rated Pump Capacity <u>2000+/-</u> Gallons Per Minute</p>	<p align="center"><b>Power Type</b> Check one</p> <p><input type="checkbox"/> Diesel Engine              <input type="checkbox"/> Gasoline Engine              <input type="checkbox"/> Natural Gas  <input checked="" type="checkbox"/> Electric Motor              <input type="checkbox"/> Hand                              <input type="checkbox"/> Tractor PTO  <input type="checkbox"/> Windmill                      <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>60</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>2</u></p>
---	---

<p align="center"><b>Pump Test Data</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p align="center"><b>Method of Measuring Water Level</b> Check one</p> <p><input type="checkbox"/> Air Line                      <input type="checkbox"/> Electric Measuring Line    <input type="checkbox"/> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
---	--

This is for (check one):     New Well                       Replacement of Existing Pump                       Repair of Existing Pump

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

Patrick Chism                                      0695  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

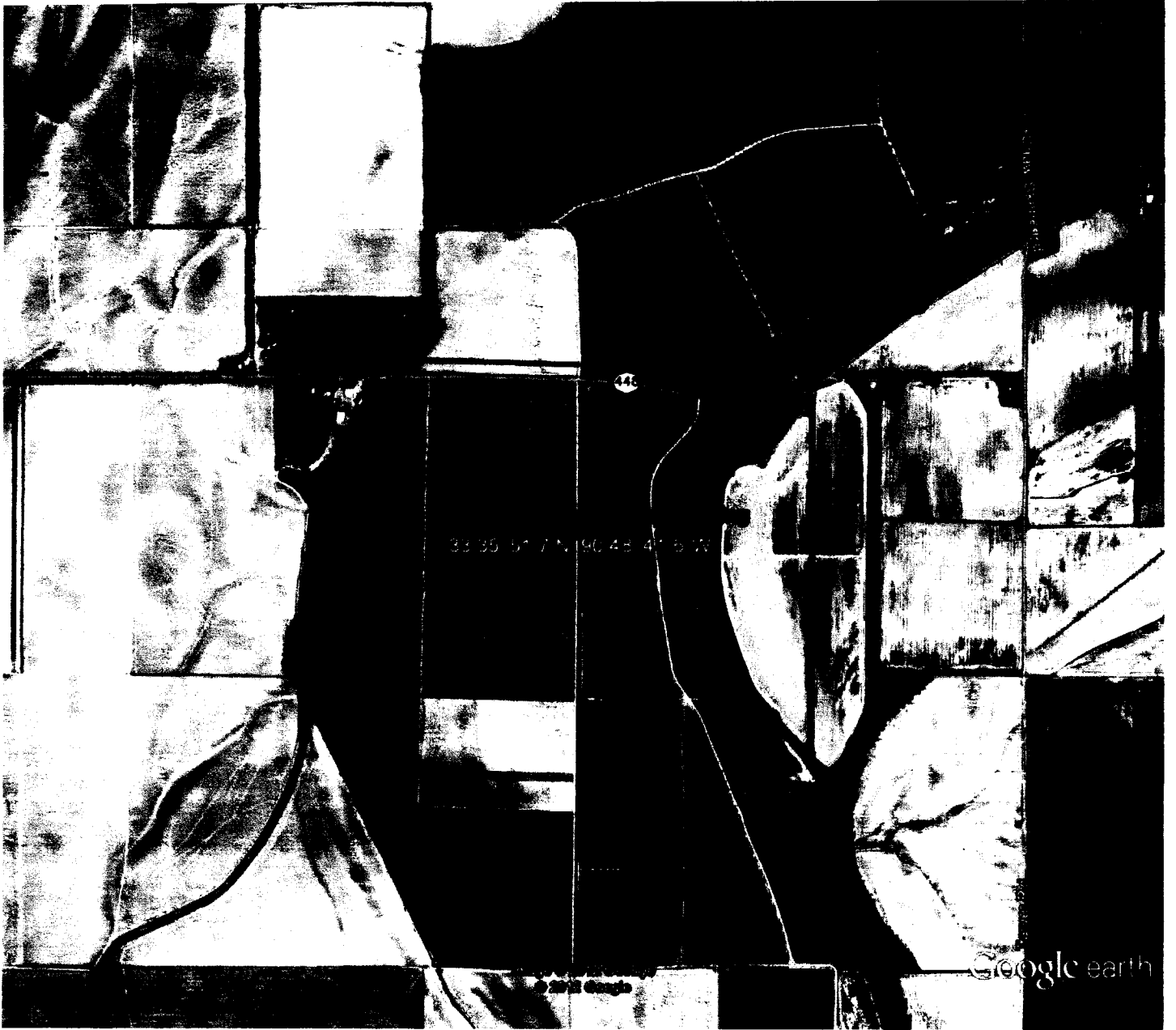
RECEIVED

Form: OLWR-SWR-11(07-09)

BY: OLWR



T218



Google earth

miles  
km



RECEIVED  
 AUG 22 2012  
 BY: OLWR