

# State Well Report

## Part I

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 #: 1 J 157  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 4-27-12

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Everette Morgan</u>	Latitude: <u>31.33.12</u> - Longitude: <u>89.23.04</u>
Mailing Address: <u>180 Stringer Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Seminary MS 39499</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 22 Twn 7N Rng 14W</u>
Telephone No. <u>(601) 422-8531</u>	Distance Direction Nearest Town <u>6</u> Miles <u>E</u> of <u>Seminary</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry Farm

Date well drilling started: 4-27-12 Date well drilling completed: 4-27-12

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 123 feet above or below (circle one) land surface Date measured: 4-27-12

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

Hole depth: 250 Well depth: 250 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 230 feet to 250 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David West 0-672

David West

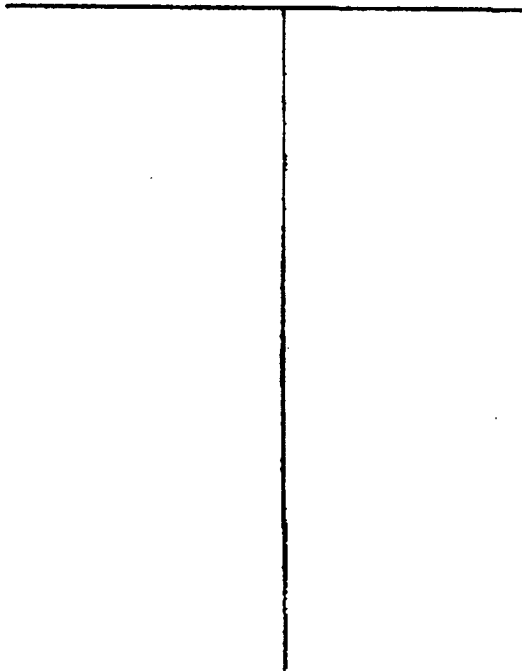
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

well # 1

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
SANDY RED CLAY	0	17
SILTY SAND w/ GRAVEL STRATS	17	84
Gray clay	84	195
SAND	195	200

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) indicate direction.

Landowner Name: Everett Morgan

Dan Allen  
Signature of Water Well Contractor

# 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)

For Office Use Only:

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: \_\_\_\_\_

Aquifer: \_\_\_\_\_  
 Well #: 1 J157  
 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	Well Location
Owner Name: <u>Everette Morgan</u>	Latitude: <u>31°33'</u> Longitude: <u>89°23'</u>
Mailing Address: <u>180 Stringer Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Seminary MS 39479</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ SE ¼ Sec 22 Twp 7 N Rng 14 W</u>
Telephone No. <u>(601) 422-8531</u>	Distance Direction Nearest Town
	<u>6 Miles E of Seminary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-29-12</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, unmeasured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David West 0-672 David A. West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer