

County: Leflore  
 Permit #: GW-44776  
 Irrigation Equipment  
 Date drilling completed: 12-16-10

**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 38225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: M 128  
 Well #: \_\_\_\_\_  
 L. 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)          Owner Name: <u>W. H. Morgan Trust</u>          Mailing Address: <u>P.O. Box 549</u>  <u>Rosedale Ms. 38769</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>33-23-40.7</u> Longitude: <u>90-23-29.1</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS  <u>NW 1/4 SE 1/4 Sec. 27 Twn 18N Rng 2W</u>          Distance Direction Nearest Town  <u>2</u> Miles <u>NW</u> of <u>Morgan City</u></p>
<p><b>Well / Borehole Data</b>          Date drilling started: <u>12-16-10</u> Date drilling completed: <u>12-16-10</u> Hole depth: <u>117</u> Hole diameter: <u>18"</u>          Location of the source of any surface water used for drilling: <u>Surface Water</u>          Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>          Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____          Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____  <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve _____ Other (describe) _____          Static Water Level: <u>32</u> feet above or below (circle one) land surface Date measured: <u>12-16-10</u>          Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____          Well depth: <u>117</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix          Casing length: <u>77</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>          Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>          Screen slot size: <u>.050</u> inches Setting depth: From <u>78</u> feet to <u>117</u> feet          Type of completion (circle all applicable): <u>Gravel packed</u> Underscreened Telescoped Open hole Natural Development          Other (describe): _____          Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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

Applicant: David Fratesi

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BY: OLWR



County: Leflore  
 Permit #: GW-44776  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 12-16-10  
 Copy information from check on Part 1

### 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: \_\_\_\_\_

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>W. H. Morgan Trust</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 549</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rosedale Ms. 38769</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 27 T 18N R 2W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 Miles NW of Morgan City</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand <input checked="" type="checkbox"/> Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>12-16-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>550<sup>+</sup></u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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

Form: OLWR-SWR-1C (07-09)

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BY: [Signature]