County: Leflore
Permit #: GW-46365 ✓
Driller: Irrigation Equipment
Date drilling completed: 03/01/2013

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:
Well #: M141
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.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name: **W.H. Morgan Family Trust**
Mailing Address: **P.O. Box 549**
Rosedale (City) **Ms** (State) **38769** (Zip code)
Telephone No. ( ) -

Well or Borehole Location

Latitude: 33 ° 23 ' 55 " Longitude: 90 ° 23 ' ~~23~~ 24 "
Method of Lat/Long (check one): ☐ Conventional Survey, ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS
SW ✓ ¼ ✓ NE ¼ Sec 27 ✓ Twn 18N ✓ Rng 2W ✓
Distance: 2 Miles Direction: Northwest of Nearest Town: Morgan City

Well / Borehole Data

Date drilling started: 03/01/2013 Date drilling completed: 03/01/2013 Hole depth: 124 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:
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 38 feet above or below (check one) ☐ land ☒ surface Date measured: 03/02/2013
Method of Measurement (check one) ☒ steel tape ☐ electric tape ☐ air line ☐ other:
Well depth: 124 Well grouted to a depth of 10 feet Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix
Casing length: 84 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 ~~85~~ 84 feet to 124 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)

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M141

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	**19**
Fine Sand	**20**	**52**
Fine Sand & Gravel	**53**	**63**
Medium Sand & Gravel	**64**	**124**

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) a north arrow.

Landowner Name: **W.H. Morgan Family Trust**

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

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

Patrick Chism **0695**
Print Name of Responsible Licensee and License No.

03/08/2013
Date

Signature of Licensee

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BY: OLWR

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)

County: **Leflore**
Permit #: **GW-46365**
Driller: **Irrigation Equipment**
Date drilling completed: **03/01/2013**
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: M141
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

Owner Name: **W.H. Morgan Family Trust**
Mailing Address: **P.O. Box 549**

Rosedale (City) **Ms** (State) **38769** (Zip code)

Telephone No. ( ) -

Well Location

Latitude: **33 23' 55.4 N** Longitude: **90 23' 23.7 W**
Method of Lat/Long (check one): ☐ Conventional Survey, ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS

SW ¼ **NE** ¼ Sec **27** T **18N** R **2W**

Distance **2** Miles Direction **Northwest** of Nearest Town **Morgan City**

Pump Type
Check one

☐ Air Lift ☐ Jet ☐ Submersible
☐ Bucket ☐ Piston ☒ Turbine
☐ Centrifugal ☐ Rotary ☐ Flowing Well
Other (specify):
Date Pump Installed: **03/02/2013**
Rated Pump Capacity _____ Gallons Per Minute

Power Type
Check one

☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas
☒ Electric Motor ☐ Hand ☐ Tractor PTO
☐ Windmill ☐ Other (specify):
Horse Power Rating of Motor: **75**
Setting Depth: **60** feet
Number of Stages: **3**

Pump Test Data

Date Well Tested:
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

Method of Measuring Water Level
Check one

☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape
Other (specify):
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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Form: DEQ-SWR-31 (07/10)