

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M 145
Aquifer: _____
E-Log #: _____

County: Jefferson
Permit #: MS-GW-45964
Driller: Kelly Vest
Date drilling completed: 2/20/14

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Walter McKamson</u>	Latitude: <u>33° 23' 9.6"</u> Longitude: <u>90° 22' 12"</u>
Mailing Address: <u>PO Box 201</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Morgan City</u> MS <u>38946</u>	<u>NE 1/4 NE 1/4</u> , Sec <u>35</u> T <u>18N</u> R <u>02W</u>
City State Zip Code	<u>1</u> Miles <u>W</u> of <u>Morgan City</u>
Telephone No. (<u>601</u>) <u>299-9559</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
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 (circle one): <u>Water Well</u> 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>
Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>30</u> feet (above or <u>below</u> land surface) (circle one) Date measured: _____
Method of measurement (circle one): Steel tape Electric tape <u>Air line</u> Other (describe): _____
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0.032</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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

-90.37
33.386

County: Leflore

Permit #: MS-GW-45964

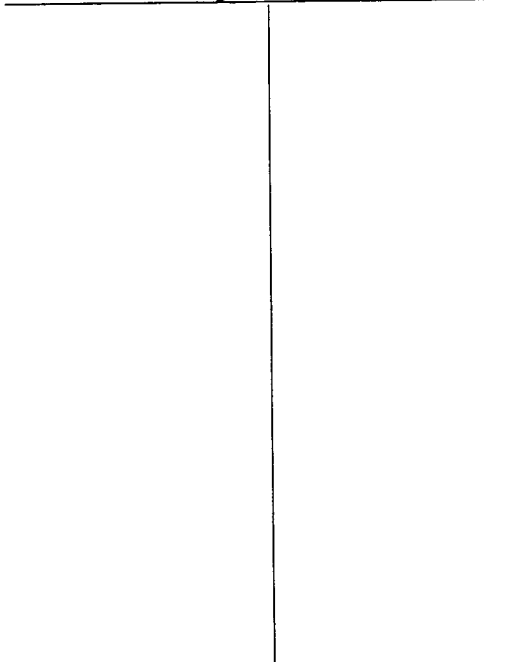
For Office Use Only:

Well #: M145

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	25
Fine Sand	25	35
Heavy Sand	35	95
Gravel	95	115

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) north arrow

RECEIVED
APR 25 2006
BY: CLWR

Landowner Name: Walter McKamson

I HEREBY 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.

Kelly Vest 0452

Kelly Vest
Signature of Licensee

Print Name of Responsible Licensee and License No. _____ Date _____

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: M145
 Aquifer: _____

County: LeFlore
 Permit #: MS-GW-45964
 Driller: Kelly Vest
 Date completed: _____
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.

Well Owner Information	Well Location
Owner Name: <u>Walter Mackinson</u>	Latitude: <u>33° 23' 9.6"</u> Longitude: <u>-90° 22' 12"</u>
Mailing Address: <u>PO Box 201</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Morgan City</u> <u>MS</u> <u>38946</u> City State Zip Code	<u>NE 1/4 NE 1/4, Sec 35 T18N R2W</u>
Telephone No. <u>(662) 299-9559</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: _____ Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 600 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Kelly Vest 0452 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer