

State Well Report

Part 1

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 #: P-149
L. S. Elevation:
E-log #:

County: Leflore
Fermil #: CW 40928
Irrigation Equipment
Driller:
Date drilling completed: 6-22-07

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

Owner Name: Estate of W.H. Morgan
Mailing Address: 906 Weightman St.
Greenwood Ms. 38930
City State Zip Code
Telephone No. (662) 453-5612

Well Location

Latitude: 33° 31' 49.7" Longitude: 90° 20' 00.7"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 5 Twn 17N Rng 2E
Distance Direction Nearest Town
2 Miles SE of Morgan City

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement
Date well drilling started: 6-22-07 Date well drilling completed: 6-22-07
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-22-07
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet
Type of grout (circle one): 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 feet to 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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor
AUG 20 2007
BY: OLWR

Owner contracted with Kelly Vest to install pump.

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)

County: Leflore
 Permit #: _____
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-149
 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>ESTATE OF W. H. MORGAN</u>	Latitude: <u>33-31-49.7</u> Longitude: <u>90-20-00.7</u>
Mailing Address: <u>906 WEIGHTMAN ST,</u> <u>GREENWOOD MS. 38970</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>6</u> T <u>17N</u> R <u>2E</u>
Telephone No. <u>(662) 463 5612</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>MORGAN CITY</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7/5/07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>2</u>

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, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Kelly Vest 8842 Kelly Vest
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
RECEIVED
 AUG 20 2007
 BY: OLWR

