

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Marion  
Permit #: \_\_\_\_\_  
Driller: Walker-Hill Environmental, Inc.  
Date drilling completed: 10/23/10

For Office Use Only:  
Aquifer: F 125  
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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Krae Morgan</u>	Latitude: <u>31 ° 19 ' 12 "</u> Longitude: <u>89 ° 55 ' 40 "</u>
Mailing Address: <u>1640 Hwy 587</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Morgantown MS 39483</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>18</u> TwN <u>4N</u> Rng <u>19W</u>
Telephone No. ( <u>601</u> ) <u>441-5671</u>	<u>NW</u> Distance <u>0</u> Miles Direction <u>N</u> of Nearest Town <u>Morgantown</u> <u>13E</u>

**Well / Borehole Data**

Date drilling started: 10/23/10 Date drilling completed: 10/23/10 Hole depth: 260' Hole diameter: 10"

Location of the source of any surface water used for drilling: Foxworth Water Association

Method of dosing and volume of Chlorine used in drilling and development: 2 cups of HTH per 2000 gal. of water

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

Name of organization running log(s): No log run

Purpose of borehole (check one): Water Well X 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 X Industrial \_\_\_ Public Supply \_\_\_ Irrigation \_\_\_ Fish Culture \_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_ N/A Other (describe) \_\_\_\_\_

Static Water Level: 13 feet above or below (circle one) land surface Date measured: 10/25/10

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

Well depth: 250' Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 240 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 next page**

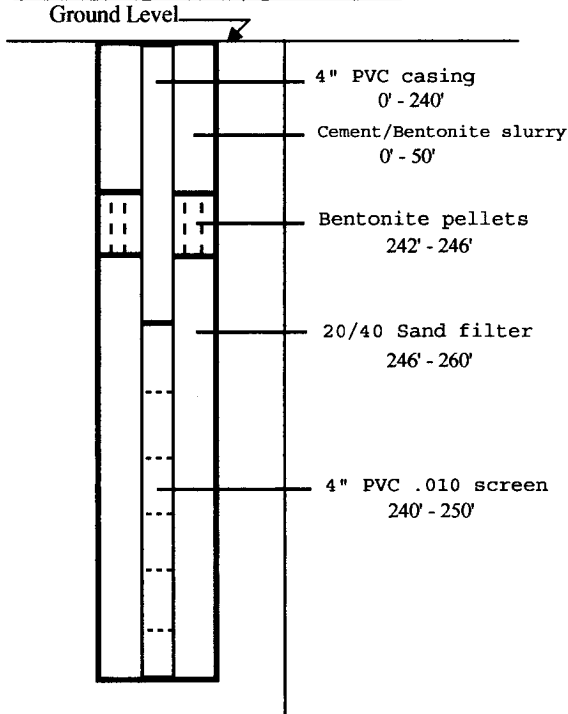
Form: OLWR-SWR-1A (04/08)

RECEIVED  
NOV 17 2010  
BY: OLWR

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay w / sand bottom	Ground Level	10'
Pea gravel / clay	10'	40'
Clay	40'	180'
Clay / fine sand	180'	200'
Sand	200'	215'
Clay	215'	217'
Sand	217'	260'

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) a north arrow.

Landowner Name: Krae Morgan - water well

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.

Gary P. Hill      0-578      11-15-10      G.P. Hill  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Walker-Hill Environmental  
 Date completed: 11/6/10  
*Copy information from block on Part 1*

**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>Krae Morgan</u>	Latitude: <u>31°19'12"N</u> Longitude: <u>89°55'40"W</u>
Mailing Address: <u>1640 Highway 587</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
<u>Morgantown MS</u> City State Zip Code	<u>SE ¼ NE ¼ Sec 18 T 4N R 19W</u>
Telephone No. ( <u>601</u> ) <u>441-5671</u>	Distance Direction Nearest Town <u>0</u> Miles <u>N</u> of <u>Morgantown</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): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11/6/10</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/6/10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>21</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>8</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Gary P. Hill                      0-578  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED

NOV 17 2010

BY: OLWR