	_ State Well Report		For Office Use Only:
County: Stone	P	art 1	por office osc omy.
County: TEN	Mississippi Department	t of Environmental Quality	Aquifer:
Permit #:		nd Water Resources	Well#: H - 53 13,
Driller: MooresWater WellServ	DO D 10021		
	Jackson, IV	S 39289-0631	L. S. Elevation:
Date drilling completed: 11400 4		961-5210	71#
	(601)354	4-6938 (fax)	E-log #:
State Law requires that this rep	oort be prepared by the	driller in detail and filed w	rith the Department within
30 days of completion of drilling Well Owner Inform		Wel	l Location
Owner Name Troy Morgan			" Longitude: ""
Mailing Address: 1036 Hwy 1	. ^	Method of Lat/Long (circle o	ne): Conventional Survey,
city PerKingston	r, MS	1	d GPS, Survey-grade GPS
City S	39573 ate Zip Code	¼¼ Sec_3:	2 Twn 3 5 Rng 9 W
Telephone No. ()		Distance Direction A Miles 50-14	hof Ramsey Springs
	XX/-N 1	<u></u>	
	Well I	Pata	
	dustrial Public Supply	•	Other:
Date well drilling started: 11-8			
If flowing, method of flow regulation: Va			
Static Water Level:feet a	bove of below (circle one)	and surface Date measured:	11-9-04
Method of Measurement (circle one)			
Hole depth: 65 Well de	epth:	Well grouted to a depth of	
Type of grout (circle one): Cement	Bentonite Mix		
ł t	ing diameter: 2 (PVCschyo
Screen length:feet Scr	een diameter:	inches Type of screen:	,
Screen slot size:	Setting depth: From _	feet to	65 feet
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scr	een, describe on back of page
Logs run (circle all applicable): No log ru	n Electric Gamma Ray	Density Sonic Neutron	Other: Self-run
Name of organization running log(s)			
I certify that the well was drilled, constr	ucted, and completed in ac	cordance with all applicable	requirements of the Mississippi
Department of Environmental Quality a	nd/or the Mississippi Depa	rtment of Health regulations	and state laws.
Arnold Ray Ma	pore 0-53	3 arnold &	Roy army
Print Name of Water Well Contractor and	License No.		Water Well Contractor
			1

PECEVED

DEC 9 3 2004

BY: OLWA

If well telescopes please sketch below and show depths.

Ground Level	H-5.	3

Description of Formations Encountered	From	To
+00501	11	21
white sand + grave (white sand + grave (course white sand	121	5-1
white sand + gravel	15%	101
white soapstone	10	30
coarsewhitesand	130	651
		
	 	
	 	++
	-	├
	+	
		
	 	╂╼╾┤
	+	f
	 	1
	 	\vdash
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	1	\Box
	1	
	1	

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

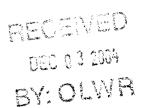
Signature of Water Well Contractor

BYNYSULL BYNYSULL BYNYSULL BEC 0.3 2004

STATE WELL REPORT						
County: Stone Permit #: Driller: Mosces Water Well Se Date completed: 11-10-04	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)		For Office Use Only: Aquifer: Well #:			
This report should be prepared by the installation of pump.		<u>_</u>	·			
Well Owner Information		Well Location				
Owner Name: Troy Mor	gan	Latitude:	Longitude:			
Mailing Address: Troy Morgan		Method of Lat/Long (circle one): Conventional Survey,				
1036 Hwy 15		USGS quad, Hand-held GPS, Survey-grade GPS				
Perkingston City State	MS39573	¼¼ Sec.3	2 Twn 35 Rng 9W			
City State	Zip Code	Distance Direction	Nearest Town			
Telephone No. ()		Z Miles South	of Ramsey Springs			
Pump Type Circle one			ower Type Circle one			
Air Lift Jet	Submersible	Diesel Engine Gasol	ine Engine Natural Gas			
		1	1			
Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO			
Bucket Piston Centrifugal Rotary	Turbine (Tractor PTO (specify):			
	(Windmill Other				
Centrifugal Rotary	Flowing Well	Windmill Other	r (specify):			
Centrifugal Rotary Other (specify):	Flowing Well	Windmill Other Horse Power Rating of Moto	(specify): or:			
Centrifugal Rotary Other (specify): Date Pump Installed:/	Flowing Well Gallons Per Minute	Windmill Other Horse Power Rating of Moto Setting Depth:	(specify):			
Centrifugal Rotary Other (specify): Date Pump Installed://	Flowing Well Gallons Per Minute	Windmill Other Horse Power Rating of Moto Setting Depth:	(specify): or:			
Centrifugal Rotary Other (specify): Date Pump Installed:/	Flowing Well Gallons Per Minute t Below Land Surface	Windmill Other Horse Power Rating of Moto Setting Depth:	r (specify):			
Centrifugal Rotary Other (specify): Date Pump Installed: //-/0-04 Rated Pump Capacity: S Pump Test Data Date Well Tested: Static Water Level (A): // Fee	Flowing Well Gallons Per Minute t Below Land Surface Below Land Surface	Windmill Other Horse Power Rating of Moto Setting Depth:	r:			

I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	corrold Day more	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	_
Print Name of Pump Installer and License No. (if applicable)		

Duration of Pump Test (minimum 4 hours): _____hours



_____feet after _____hours of pumping