

County: Washington
 Permit #: GW-44209/
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 5-26-10

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: J99
 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>Hunter Moorhead Sr.</u>	Latitude: <u>33° 16' 56.3"</u> Longitude: <u>90° 50' 43.2"</u>
Mailing Address: <u>1862 Hwy 438</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Leland</u> <u>Ms.</u> <u>38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 32 Twn 17N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>SE</u> of <u>Leland</u>

Well / Borehole Data

Date drilling started: 5-26-10 Date drilling completed: 5-26-10 Hole depth: 114 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 (circle 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 a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 5-27-10

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

Well depth: 114 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix

Casing length: 74 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 75 feet to 114 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
 JUN 17 2010
 BY: OLWR

J99

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

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	16
Fine Sand	17	27
Fine Sand + Gravel	28	60
Medium Sand + Gravel	61	111
Clay	112	114

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: Hunter Moorhead Sr.

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 M. Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED

JUN 17 2010

BY: OLWF

County: Washington
 Permit #: GW-44209
 Irrigation Equipment
 Driller: _____
 Date completed: 5-26-10
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: 599
 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>Hunter Moorhead Sr.</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1862 Hwy 438</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Leland</u> <u>Ms.</u> <u>38756</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 32 T 17N R 6W</u>		
Telephone No. () _____	Distance <u>8</u> Miles	Direction <u>SE</u> of	Nearest Town <u>Leland</u>

Pump Type			Power Type		
Circle one			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>110</u>		
Date Pump Installed: <u>5-27-10</u>			Setting Depth: <u>50</u> feet		
Rated Pump Capacity: _____ Gallons Per Minute			Number of Stages: <u>2</u>		

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

This is for (circle 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 M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) [Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)
RECEIVED
 JUN 17 2010
 BY: OLWR