

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)961-6938 (fax)
 601-360-0555

For Office Use Only:

Aquifer: 0251
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: WAYNE
 Permit #: _____
 Driller: CAIN
 Date drilling completed: 02/05/2011

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	Well Location
Owner Name: <u>CILIA MORGAN</u>	Latitude: <u>31 37 10</u> " Longitude: <u>88 35 28</u> "
Mailing Address: <u>OLD HWY. 45 & WINCHESTER RD. WAYNESBORO MS. 39367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>228</u> State: <u>380</u> Zip Code: <u>1105</u>	USGS quad, <u>N W 33 8/N 6/W</u> 1/4 1/4 Sec. Twn Rng
Telephone No. () _____	Distance: <u>2</u> Miles Direction: <u>SOUTH</u> of Nearest Town: <u>WAYNESBORO</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 01/01/2011 Date well drilling completed: 02/05/2011

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 05' feet above or below (circle one) land surface Date measured: 02/05/2011

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

Hole depth: 35' Well depth: 35' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 25 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: # 10 inches Setting depth: From 25 feet to 35 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.

NELSON CAIN LIC.# 0-374

Print Name of Water Well Contractor and License No.

Nelson Cain
 Signature of Water Well Contractor

BY: OLWR

If well telescopes please sketch below and show depths.

0251

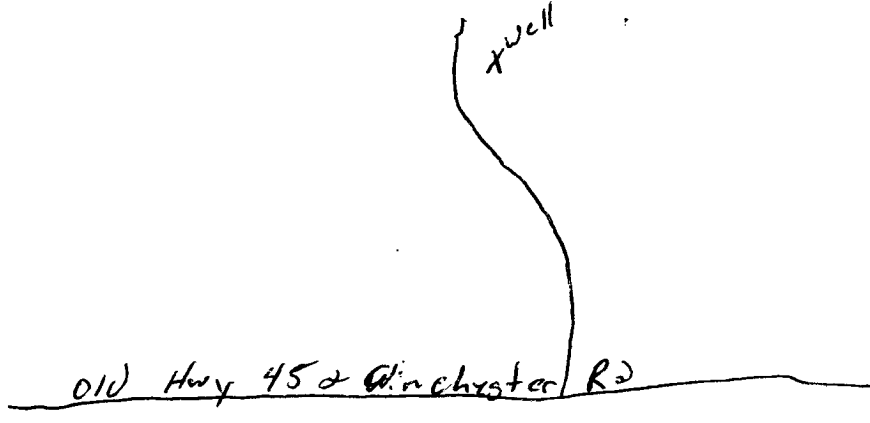
Ground Level



Description of Formations Encountered	From	To
TOP SOIL & SAND	0	15
SAND	15	35

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) indicate direction.



Landowner Name: CILIA MORGAN

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BY: OIWR

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)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: WAYNE
Permit #: _____
Driller: CAIN
Date completed: 02/05/2011

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: CILIA MORGAN
Mailing Address: OLD HWY. 45 & WINCHESTER RD.
WAYNESBORO MS. 39367
City State Zip Code
Telephone No. (228) 380 - 1105

Well Location

Latitude: 31° 6' 18.5" Longitude: 88° 59' 25"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
N 1/4 W 1/4 Sec. 33 Twn. 8/N Rng. 6/W
Distance Direction Nearest Town
2 Miles SOUTH of WAYNESBORO

Pump Type Circle one

Air Lift Jet (Submersible)
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 02/04/2011
Rated Pump Capacity: 15 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
(Electric Motor) Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1 HP.
Setting Depth: 30' feet
Number of Stages: 7

Pump Test Data

Date Well Tested: 02/04/2011
Static Water Level (A): 05 Feet Below Land Surface
Pumping Water Level (B): 20 Feet Below Land Surface
Drawdown [(B) - (A)]: 15 Feet Below Land Surface
Test Pumping Rate: 20 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 6 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line (Steel Tape)
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 20 GPM with a drawdown of
15 feet after 6 hours of pumping

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

NELSON CAIN LIC.# 0-374
Print Name of Pump Installer and License No. (if applicable)

Nelson Cain
Signature of Pump Installer

RECEIVED

MAR 23 2011

BY: OLWR