

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 #: G-122
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit # GW 41009
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 4-15-06

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>Garry Makamson</u>	Latitude:	<u>33 35 54.5</u> , Longitude: <u>90 19 39.3</u>
Mailing Address:	<u>13621 County Road 335</u>	Method of Lat/Long (circle one):	<u>Conventional Survey</u>
	<u>Schlater MS 38952</u>	USGS quad:	<u>Hand-held GPS, Survey-grade GPS</u>
City	State	Zip Code	
Telephone No. ()	<u>662-254-7319</u>	SE 1/4	NW 1/4
		Sec	<u>18 17</u> Twn <u>20N</u> Rng <u>1W</u>
		Distance	Direction
		<u>4</u> Miles	<u>South</u> of <u>Schlater</u>
		Nearest Town	

Well Data

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

Date well drilling started: 4-15-06 Date well drilling completed: 4-15-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From See Back 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Owner contracted with Kelly Vest.
 Kelly Vest will 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: Jefferson
 Permit #: GW 41009
 Driller: Irrigation Equipment
 Date completed: 4/16/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-122
 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>Garry Makamson</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>Schlater MS 38952</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 18 T20N R1W</u>
Telephone No. <u>662 254-7319</u>	Distance Direction Nearest Town
	<u>4 Miles South of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>90</u>
Date Pump Installed: <u>4/16/06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 0452 Kelly Vest
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer