

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 #: K-126
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW-40739
Irrigation Equipment
Driller: _____
Date drilling completed: 12-7-05

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>Ray Makamson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7575 County Road 144</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena MS 38941</u>	<u>SW 1/4 NE 1/4 Sec 8 Twn 19N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town <u>2 Miles North of Itta Bena</u>
Telephone No. (____) _____	

Well Data

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

Date well drilling started: 12-7-05 Date well drilling completed: 12-7-05

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

Static Water Level: 42' feet above or below (circle one) land surface Date measured: 12-12-05

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

Hole depth: 123' Well depth: 123' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 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 84 feet to 123 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

RECEIVED
DEC 9 2005
BY: OLWR

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: Leflore
 Permit #: _____
 Irrigation Equipment Inc.
 Driller: _____
 Date completed: 12-12-05

For Office Use Only:

Aquifer: _____
 Well #: K-126
 Elevation: _____

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	Well Location
Owner Name: <u>Ray Makamson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7575 County Road 144</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Itta Bena, MS 38941</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ ¼ _____ ¼ Sec <u>8</u> Twn <u>19N</u> Rng <u>1W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>North</u> of <u>Itta Bena</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> <u>Turbine</u> <input checked="" type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>12-12-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800±</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 <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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.

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 DEC 19 2005
 BY: OLWR