

# 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)

County: Leflore  
Permit #: GW43525  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 9-30-09

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K145  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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 Farms</u>      | Latitude: <u>33.29.36.2</u> Longitude: <u>90.15.12.0</u>    |
| Mailing Address: <u>7575 County Rd 144</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Itta Bena Ms. 38941</u>                 | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| City State Zip Code                        | <u>SE 1/4 SW 1/4 Sec 24 Twn 19N Rng 1W</u>                  |
| Telephone No. <u>(662) 515-5711</u>        | Distance Direction Nearest Town                             |
|  | <u>3 Miles SW of Greenwood</u>                              |

**Well Data**

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

Date well drilling started: 9-30-09 Date well drilling completed: 9-30-09

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

Static Water Level: 23 feet above of below (circle one) land surface Date measured: 10-1-09

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_

Signature of Water Well Contractor John P. Chism

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If well telescopes please sketch below and show depths.

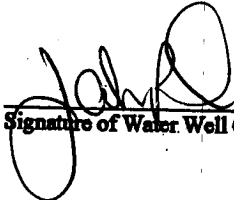
Ground Level \_\_\_\_\_

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 39  |
| Fine Sand + Gravel                    | 40   | 49  |
| Medium Sand + Gravel                  | 50   | 125 |
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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: Ray Makamson Farms

  
Signature of Water Well Contractor \_\_\_\_\_

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# 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  
Driller: \_\_\_\_\_  
Date completed: 9-30-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K145  
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 Farms</u>             | Latitude: <u>33-29-36</u> Longitude: <u>90-15-12</u>  |
| Mailing Address: <u>7575 County Rd 144</u>        | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Itta Bena Ms. 38941</u><br>City State Zip Code | <u>SE 1/4 SW 1/4 Sec 24 Twn 19N Rng 1W</u>  |
| Telephone No. <u>662 515-5711</u>                 | Distance Direction Nearest Town<br><u>3 Miles SW of Greenwood</u>                                   |

| Pump Type<br>Circle one   | Power Type<br>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>60</u>                                    |
| Date Pump Installed: <u>10-1-09</u>                                       | Setting Depth: <u>60</u> feet   |
| Rated Pump Capacity: <u>2300±</u> Gallons Per Minute                      | Number of Stages: <u>2</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>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 _____ feet after _____ hours of pumping     |
| Test Pumping Rate: _____ Gallons Per Minute            |   |
| Duration of Pump Test (minimum 4 hours): _____ hours   |   |

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

John P. Chism                      0439  
Print Name of Pump Installer and License No. (if applicable)

John P. Chism  
Signature of Pump Installer

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