

# 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 #: M-110  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: GW 41008  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-17-06

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>Reece Makamson</u>	Latitude: <u>33° 22' 43.9"</u>	Longitude: <u>90° 21' 42.7"</u>	
Mailing Address:	<u>410 E. Barton Ave</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>		
	<u>Greenwood MS 38930</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>		
City	State	Zip Code	<u>NW 1/4 SE 1/4 Sec 36 Twn 18N Rng 2W</u>	
Telephone No.	<u>(662)-455-5757</u>			
		Distance	Direction	Nearest Town
		<u>Miles</u>	<u>West</u>	<u>of Morgan City</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: for GW 8229 Replacement

Date well drilling started: 4-17-06 Date well drilling completed: 4-17-06

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: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 83 feet to 117 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

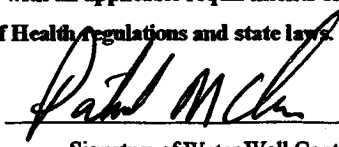
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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

  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Owner contracted with Kelly Vest.  
Kelly Vest will install pump.

If well telescopes please sketch below and show depths.

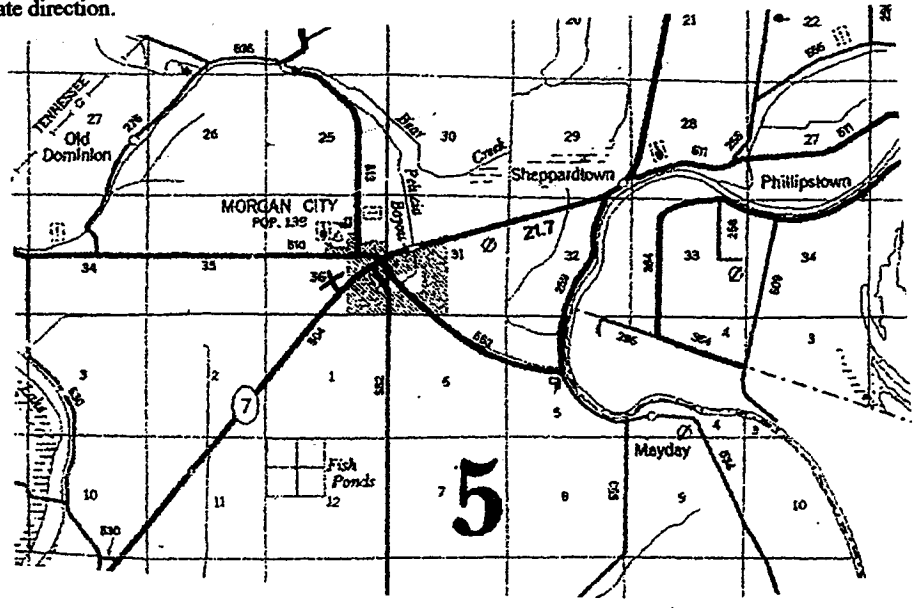
M-

Ground Level

Description of Formations Encountered	From	To
Clay		0 19
Fine Sand	20	45
Fine Sand/gravel	46	57
Med. Sand/gravel	58	74
Fine Sand/gravel	75	81
Med. Sand/gravel	82	114
Clay	115	117

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: \_\_\_\_\_

Signature of Water Well Contractor

# 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 # 6W 41008  
 Inspection Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 4/25/06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-110  
 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>Reece Makamson</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Greenwood Miss 38930</u>	<u>NE 1/4 SE 1/4 Sec 36 T18N R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 455-5757</u>	<u>1/2</u> Miles <u>West</u> of <u>Morgan City</u>

Pump Type Circle one	Power Type 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>80</u>
Date Pump Installed: <u>4/25/06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</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