Stata V	Vall Danart
	Well Report For Office Use Only:
County: Deriving Denot	ent of Environmental Quality Aquifer:
Permit #: 60 37976 Office of Land	l and Water Resources Part 10621 Well #: M~113
l Driller.	B0X 10031
Jackson	MS 39289-0631 L. S. Elevation:
	1)961-5210 54-6938 (fax) E-log #:
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	e driller in detail and filed with the Department within
Well Owner Information	Well Location
Owner Name Garry Makamson	Latitude: <u>33° 24 23.5</u> Longitude: <u>90° 21' 11</u> ."8
Mailing Address: 13621 County Road 335	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Schlater MS 38952	<u>SW 14 SE 14 Sec 2.4 V Twn 18N Rng 2W</u>
<u>Schlater MS 38952</u> City State ZipCode	Distance Direction Nearest Town
Telephone No. (662-254-7319	Miles North of City
leiephone No. ()	
Wei	l Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 5-29-06 Date	well drilling completed: 5-29-06
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 tap	be air line other:
Hole depth:116 Well depth:116	Well grouted to a depth of 1 () feet
Type of grout (circle one): Cement Bentonite Mit	x
Casing length: 76 feet Casing diameter. 16	inches Type of casing: PVC Sch. 40
Screen length: <u>40</u> feet Screen diameter: <u>16</u>	inches Type of screen: PVC Sch. 40
Screen slot size:inches Setting depth: From	<u>77</u> feet to <u>116</u> feet
Type of completion (circle all applicable): Gravel packed Und	erreamed 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 Ra	ay Density Sonic Neutron Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in	n accordance with all annlicable requirements of the Mississinni
Department of Environmental Quality and/or the Mississippi E	
	reparenter of freque regulations and state lars.
Irrigation Equipment Inc. Patrick M. Chism 0695	Pate MOU
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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

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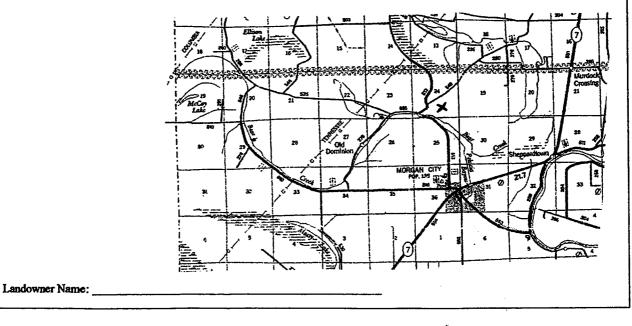
JUN 2 9 2006 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
	0	21
Clay Fine Sand	22	44
Fine sand/gravel Med. Sand/gravel	.45	55
Med. Sand/gravel	56	116
	 	
		
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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.



Signature of Water Well Contractor

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	STATE WELL REPORT
County:_Leflore	Pump Installer's Completion Report
Permit #: Mis	Aquifer: Office of Land and Water Resources
rrigation Equipment	P.O. Box 10631 Jackson, MS 39289-0631 Well #:
Date completed: $5-29-06$	(601)961-5210
Copy information from block on Part 1	(601)354-6938 (fax)
This part of the report must be completed by a li	ensed water well contractor or a licensed pump installer. A copy of Part 1 of the
report must be attached and both parts filed with Well Owner Information	the Department at the above address within 30 days of well completion. Well Location
	20
Dwner Name: Barry Makar	Latitude:Longitude:
Mailing Address: 13621 Gount	Kaab Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Schlater ms 38	932 SW4 SE 14 Sec 24 T 18N R 2W
Schlater ms 38 City State	Zip Code
	Distance Direction Nearest Town
Telephone No. (662) 254+7319	Miles N of Morgan City
Ритр Турс	Power Type
Circle one	Circle one
Air Lift Jet Sub	ersible Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turk	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flow	ing Well Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor. 120
Date Pump Installed: 4/21/06	Setting Depth:
Rated Pump Capacity:Gallo	is Per Minute Number of Stages:
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	Other (specify):
Pumping Water Level (B):Feet Below	Land Surface
Drawdown [(B) – (A)]:Feet Below	Land Surface For flowing well, measured shut in head:fee
Test Pumping Rate:Gallo	as Per Minute Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	hoursfeet afterhours of pumpin
	1
I HEREBY CERTIFY that the above statements	re true to the best of my knowledge.
RELLY VEST 0-	
Print Name of Pump Installer and License No. (in	applicable) Signature of Pump Installer

JUN 2 9 2006 BY: OLWR