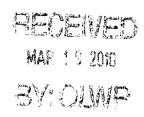
GW 4 5 110	ell Report				
	Priller's Log For Office Use Only:				
Mississippi Departmen	nt of Environmental Quality Aguifer: M 123				
Permit #: Office of Land o	nd Water Resources				
Drillar J	Box 2309 Well #:				
Jackson	n, MS 39225 961- 5210 L. S. Elevation:				
Date drilling completed: 3 46 110 (601)96	1- 5228 (fax)				
State Law requires that this report be prepared by the lice	E-log#:				
Department at the above address within 30 days of comp	ense noticer responsible for the work and fued with the pletion of drilling of the well or borehole.				
Information on Well Owner Well or Borehole Location					
(Landowner if borehole is not for a water well)	Latitude: 32 . 23 , 67 " Longitude 90 . 21 , 26 "				
Owner Name Recce Makamson Planting					
Mailing Address: P.O. Box R	/ Conventional but vey,				
·	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS				
Man CH M. 38611/	1 NE 1/2 Sec 29 Twn 18 N Rng 2 W				
Morgan City Ms. 38946 City State Zip Code	Distance Direction Nearest Town Miles of Morgan City				
	Miles of Morgan City				
Telephone No. 662 455-5756					
Well / Bore	hole Data				
Date drilling started: 36/10 Date drilling completed: 36/10 Hole depth: 121 Hole diameter: 24"					
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM					
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Survey Other (describe)					
If drilling is not related to water well construction	n, skip the remainder of this block				
Purpose of Well (check one): HomeIndustrial Public Supply IrrigationFish CultureOther) Proof					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 28 feet above (circle one) land surface Date measured: 3-16-10					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 121 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 81 feet Casing diameter: 16	_inches Type of casing: _PVC				
Screen length: 40 feet Screen diameter: 16	_inches Type of screen: PVC				
Screen slot size:inches	82 feet to 121 feet				
Type of completion (circle all applicable): Gravel packed Underro	eamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If tele	scoped or more than one screen, describe on next page				

GW 43710

Form: OLWR-SWR-1A (04/08)



MAR 1 2010

AY OWE

The sketch below only required for water wells	Description of formations encountered must be provided for a	
If well telescopes, show depths on sketch.	wells and boreholes, unless specifically exempted by regulatio	ns
Ground Level	Description of Formations Encountered From (depth) To (d	lep
	Clay Ground Level	2
	Fine Sund 22 2	1
	Fine Sand L. Orave 2	
	Modium Sand + Grave 53 1	2
		_
		_
}		
		_
		_
]		
		_

If more than one screen, show location of each on sketch

aid in	locating the well; 3)	he following: 1) the well location any roads, power lines, or other	on; 2) any permane r items that may aid	nt structures on the property  I in locating the property	arty that may and the well:
4) a no	orth arrow.		•	S PP	,
					ĺ
	Rose W	1.11. 121	1.		
andowner Name: _	1) ccsc //	lakamson Plan	nting		
					VR-SWR-1A (04/08)
		ed, constructed, and complete			
	ent of Environment	tal Quality and the Mississipp	oi Department of H	lealth regulations, if ap	plicable, and state
ws. Patrick	M. Chism	0695	1	Le	
	···		- 10		
int Name of Kespo	onsible Licensee and	d License No. Date	l Si	gnature of Licensee	والماري والمناور والماري
					rated it

GW43710				
	STATE WI	ELL REPORT	For	Office Use Only:
County: Leflore		art 2		
Permit #: 64 43252	Pump Installer'	s Completion Report at of Environmental Quali	Aquifer:	M 123 1
Irrigation Equipment	Office of Land	nt of Environmental Quali and Water Resources	1	
	P.O.	Box 2309	Well #:	
Date completed: 3-6-10		ı, MS 39225 )961-5210	Elevation: _	
Copy information from block on Part 1		51-5228 (fax)	İ	
This part of the report west be completed	bu a linear and		<u> </u>	
This part of the report must be completed report must be attached and both parts file	by a ucensea water well : 2 <b>d with the Department</b> (	contractor or a ticensed p at the above address withi	oump installer. A co in 30 days of well co	py of Part 1 of the
Well Owner Informat	ion		Well Location	il quesson.
Owner Name: Reece Makam	son Planting	Latitudos	T 24 4	
POD. I	<u>2011   1911</u> 1119	Latitude:	Longitude:_	
Mailing Address: P.O. Box A	<u> </u>	Method of Lat/Long (ch	heck one): Conventi	onal Survey,
		USGS quad, Han	d-held CDC 1	way and CDC
M. C.I	M. 709111			
Morgan City State	115. 30746	NW 1/ NE 1/4	SecTT_	$8N_R 2W$
		Dietance Dimo	36	T
Telephone No. (662) 455-57	56	Miles	of Moral	in C.A.
Pump Type			Power Type	
Circle one			Circle one	
Air Lift Jet	Submersible	Diesel Engine (	Gasoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary	Flowing Well			
·,	riowing well	Windmill (	Other (specify):	
Other (specify):		Horse Power Rating of ]	Motor:5	0
Date Pump Installed: 3-16-11	2	Setting Depth:	60	feet
Rated Pump Capacity: 1000 ±	C. II . D. 3.51		1	
rance I unip capacity. 1000 = 1	Jalions Per Minute	Number of Stages:		
Pump Test Data Date Well Tested:		Method	of Measuring Wate	r Level
		Air Line Electric	Circle one c Measuring Line	Steel Tape
Static Water Level (A):Feet F	lelow Land Surface		<b>3</b>	•
Pumping Water Level (B):Feet B	elow Land Surface	Other (specify):		
Drawdown [(B) - (A)]:Feet B	elow Land Surface	For flowing well, measu	red shut in head:	feet
Test Pumping Rate:(	Sallons Per Minute	Well yielded	GPM with a	drawdown of
	j			
Duration of Pump Test (minimum 4 hours):	hours	feet at	fter1	ours of pumping
			<u> </u>	
This is for (circle one): New Well	Danis			
This is for (circle one): New Well	Replacement of Exist	ang Pump Repair	of Existing Pump	
		() =	· · · · · · · · · · · · · · · · · · ·	
I HERERY CERTIEV that the above and		1//	<del></del>	
I HEREBY CERTIFY that the above statement Patrick M. Chism 069		my knowledge.		7
		Ja		
Print Name of Pump Installer and License No	. (if applicable)	Signature of Pur		
			Form: OLV	/R-SWR-1C (07-09)
			i oiiii. OLV	w-onterfront-na)

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