

# 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 #: P-136  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: GW 40262  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-18-05

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>Reece Makamson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>162 County Road 274</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Itta Bena, MS38941</u>	SE ¼ SW ¼ Sec <u>7</u> Twn <u>17N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Swiftown</u>
Telephone No. ( ) _____	

Well Data

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

Date well drilling started: 5-18-05 Date well drilling completed: 5-18-05 GW 1193

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

Static Water Level: 15' feet above or below (circle one) land surface Date measured: 5-18-05

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

Hole depth: 136' Well depth: 136' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 96 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 97 feet to 136 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  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Owner contracted with Kelly Vest (Rt.1, Box 217-5, Colia, MS)  
Kelly Vest installed pump.

If well telescopes please sketch below and show depths.

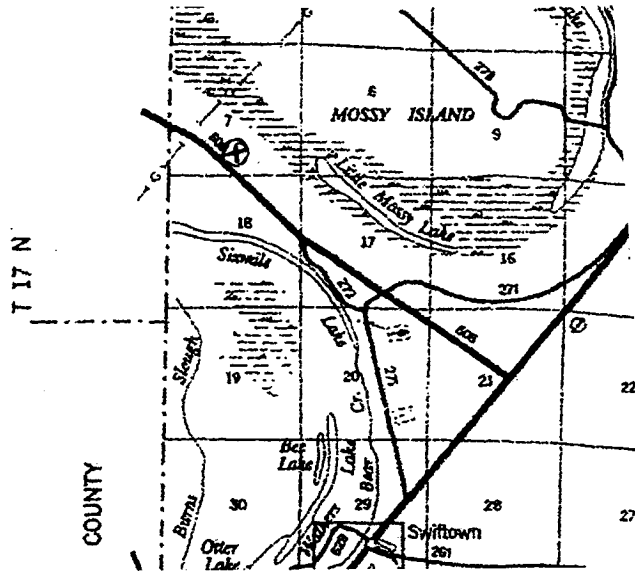
P-136

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	55
Fine Sand/gravel	56	93
Med. Sand/gravel	94	122
Clay	123	125
Med. Sand/gravel	126	136

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: \_\_\_\_\_

Patrick M. Chini  
Signature of Water Well Contractor

# State Well Report

## Part I

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
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(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B 102  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sunflower  
Permit #: 6W-41131  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 6-5-06

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>Lloyd Mitchell</u>	Latitude: <u>33.5840.5</u> Longitude: <u>90.27.54.6</u>
Mailing Address: <u>Box 117</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rome MS 38768</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 1 Twn 24N Rng 3W</u>
Telephone No. ( ) <u>662-645-5645</u>	Distance Direction Nearest Town
	<u>2 Miles North of Rome</u>

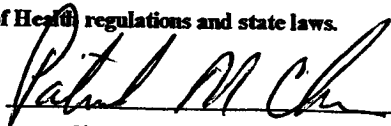
### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 6-5-06 Date well drilling completed: 6-5-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 33' feet above of below (circle one) land surface Date measured: 6-6-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 86 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 87 feet to 126 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

Print Name of Water Well Contractor and License No.

  
Signature of Water Well Contractor

# RECEIVED

JUN 22 2006

YMD JOINT WATER

41131