

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-146
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW41234
Irrigation Equipment
Driller: _____
Date drilling completed: 4-9-07

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>Makamson Planting</u>	33 19 39.4	90 25 16.3
Mailing Address:	<u>c/o Reece Makamson</u>	Latitude: _____	Longitude: _____
	<u>Box R</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>16</u>	
	<u>Morgan City MS 38946</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	<u>SE 1/4 NE 1/4 Sec 20 Twn 17N Rng 2W</u>
Telephone No. ()	<u>662-455-5756</u>	Distance	Direction
		<u>2</u> Miles	<u>North</u> of <u>Swiftown</u>

Well Data

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

Date well drilling started: 4-9-07 Date well drilling completed: 4-9-07

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: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: PVC160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From 76 feet to 115 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Kelly Vest installed pump.
Rt. 1, Box 188
Coila MS 38923

RECEIVED

MAY 07 2007

BY: OLWF

P-

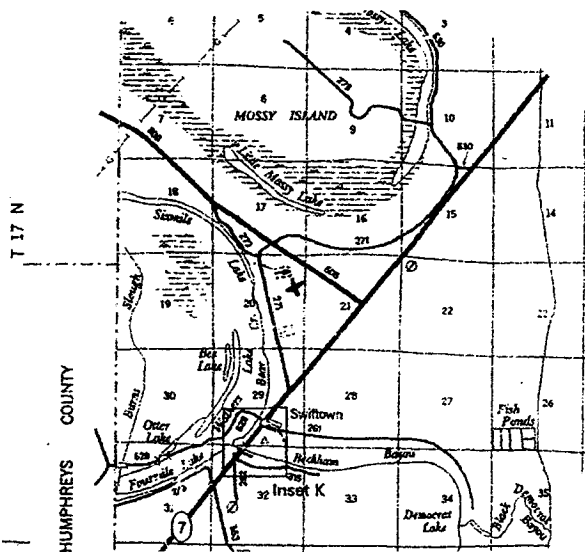
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand/gravel	20	35
Med. Sand/gravel	36	115

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: _____

Patril M

Signature of Water Well Contractor