

# 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-147  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Leflore  
 Permit #: 6W41251  
 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>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Reece Makmsn</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Box R</u>	<input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Morgan City MS 38946</u>	<u>SW 1/4 NW 1/4 Sec 21 Twn 17N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662-455-5756</u> )	<u>2 Miles North of 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: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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 78 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

**RECEIVED**

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

MAY 07 2007  
 BY: OLWR

P-

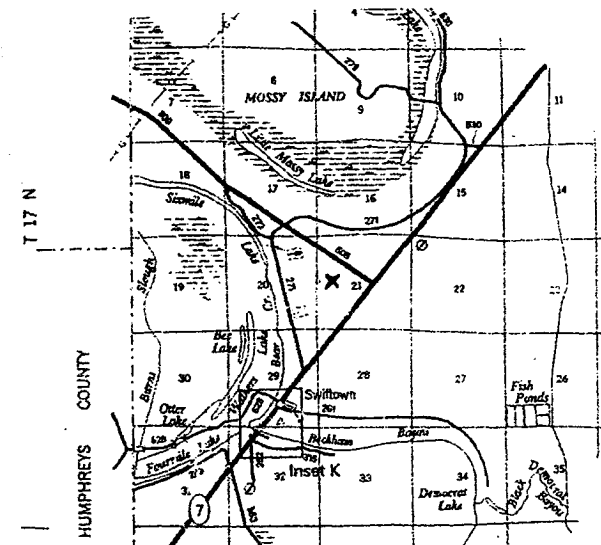
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	38
Fine Sand/gravel	39	47
Med. Sand/gravel	48	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