

County: Leflore  
 Permit #: GW 43335  
 Driller: Irrigation Equipment  
 Date drilling completed: 6-4-09

**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 #: P154  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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 Makamsen Planting</u>	Latitude: <u>33. 19. 08. 9N</u> Longitude: <u>90. 23. 15. 1W</u>
Mailing Address: <u>P.O. Box R.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</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 15 Twn 17N Rng 2W</u>
Telephone No. ( <u>662-455-5756</u> )	Distance: <u>3</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Morgan City</u>

Well Data: Old Well 16" 20' south

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

Date well drilling started: 6-4-09 Date well drilling completed: 6-4-09

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

Static Water Level: \_\_\_\_\_ feet above of below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 78 feet to 116 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.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor \_\_\_\_\_

Customer contracted with kelly Vest to move pump.

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If well telescopes please sketch below and show depths.

P154

Ground Level

GW43335

Description of Formations Encountered	From	To
Clay	0	33
Fine Sand	34	38
Fine Sand + Gravel	39	49
Medium Sand + Gravel	50	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: Reese Makamson Planting

  
 \_\_\_\_\_  
 Signature of Water Well Contractor

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# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
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)

County: Leflore  
 Permit #: OW43335  
 Irrigation Equipment  
 Dealer: \_\_\_\_\_  
 Date completed: 6-4-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P154  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Reece Makamson Planting</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box R</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Morgan City Ms. 38946</u> <small>City / State / Zip Code</small>	<u>SE 1/4 NE 1/4 Sec 15 Twn 17N Rng 2W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>3 Miles SW of Morgan City</u>

Pump Type Circle one	Power Type Circle one
<input type="radio"/> Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill      Other (specify): _____
Date Pump Installed: _____	Horse Power Rating of Motor: _____
Rated Pump Capacity: _____ Gallons Per Minute	Setting Depth: _____ feet
	Number of Stages: _____

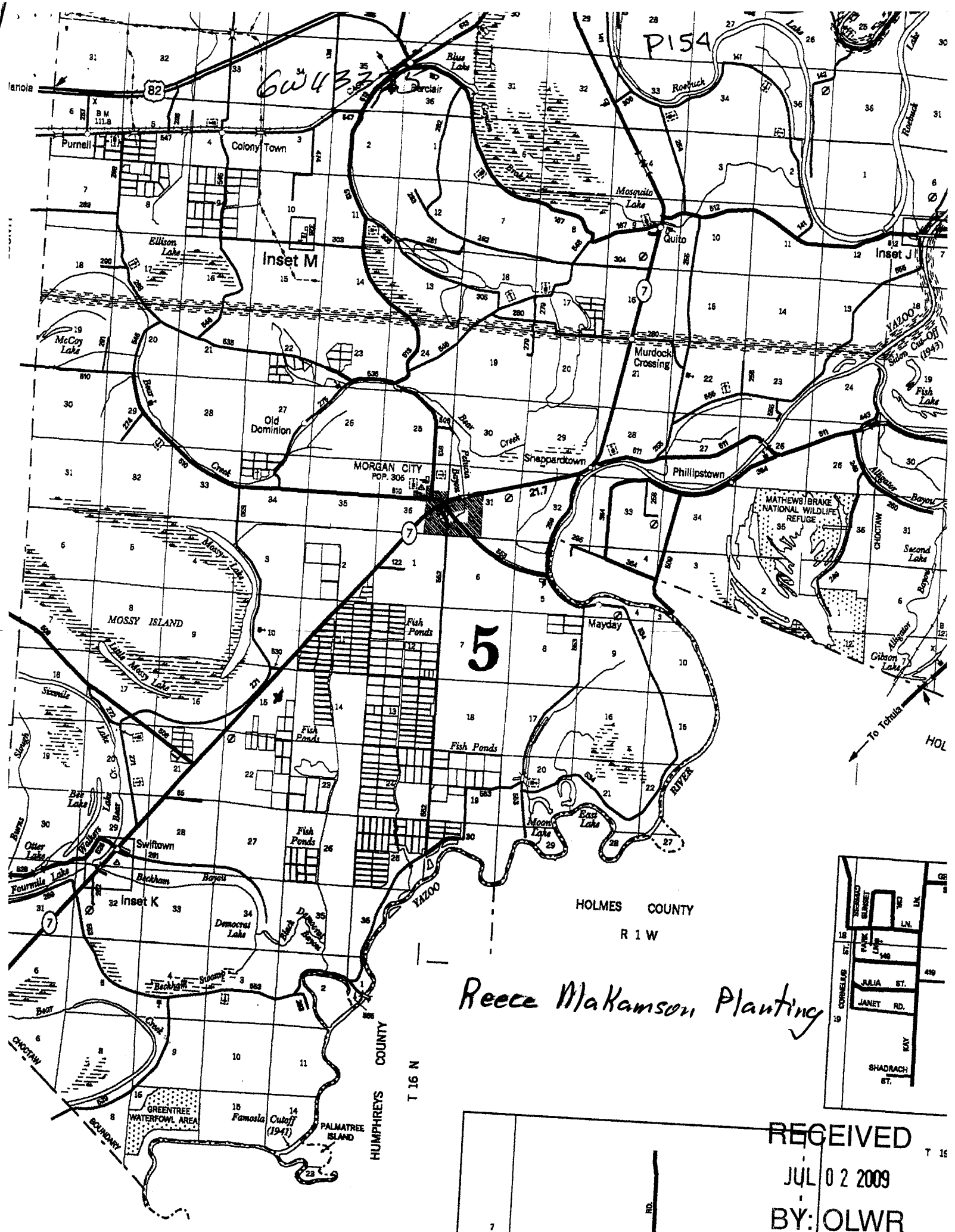
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism      0439  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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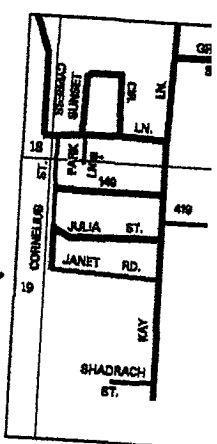
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MORGAN CITY  
POP. 306

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Reece Makamson Planting



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HUMPHREYS COUNTY

HOLMES COUNTY  
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