

STATE WELL REPORT

115

County: Leflore
 Permit #: GW-50962
 Driller: CHAD MATTOX
 Date drilling completed: 09/27/19

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: P 206
 Aquifer: _____
 E-Log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.



Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Reece Makamson</u>	Latitude: <u>33-22-16</u> Longitude: <u>90-21-8</u>
Mailing Address: <u>PO Box R</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>Morgan City</u> <u>MS</u> <u>38946</u>	<u>Nw NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>01</u> T <u>17N</u> R <u>02W</u>
City State Zip Code	<u>1</u> Miles <u>S</u> of <u>Morgan City</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/27/19 Date drilling completed: 09/27/19 Hole depth: 115 Hole diameter: 24

Location of the source of any surface water used for drilling: Adjacent Ditch

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 21 feet above / below land surface Date measured: 9/28/19
(select one)

Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (select one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

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

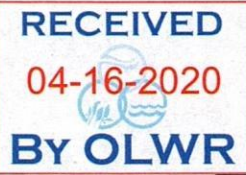
Screen slot size: .032 inches Setting depth: From 105 feet to 65 feet

Type of completion (check all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page



STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Leflore
 Permit #: GW-50962
 Driller: CHAD MATTOX
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Well #: P 206
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information			Well Location		
Owner Name: <u>Reece Makamson</u>			Latitude: <u>33-22-16</u> Longitude: <u>90-21-8</u>		
Mailing Address: <u>PO Box R</u>			Method of Lat/Long (select one): Conventional Survey <input type="radio"/>		
<u>Morgan City</u> MS <u>38946</u>			USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>		
City	State	Zip Code	<u>Nw NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>01</u> T <u>17N</u> R <u>02W</u>		
Telephone No. () _____			<u>1</u> Miles <u>S</u> of <u>Morgan City</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (select one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9/28/19 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 21 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

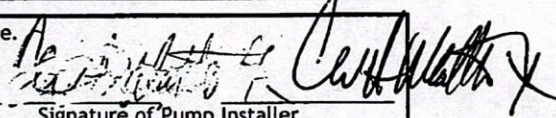
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Chad H. Mattox UNR-8243 4/2/20 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Untitled Map

Write a description for your map.

Morgan City

MPC 1st well south of Morgan

33 22' 16"N, 90 21' 8"W

Legend

33 06' 11"N, 90 36' 49"W



2000 ft

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STATE OF MISSISSIPPI



Department of Environmental Quality
Office of Land and Water Resources

CERTIFICATE OF PERMIT COVERAGE

Under Mississippi's GROUNDWATER WITHDRAWAL GENERAL PERMIT TO WITHDRAW groundwater from the Mississippi River Valley Alluvial Aquifer FOR the beneficial use of Irrigation, Aquaculture, or Enhancement of Wildlife Habitat

General Permit: MRVA-001
Certificate Number: MS-GW-50962
Total Permitted Acreage: 165

Landowner Name: MAKAMSON, REECE
Landowner Address: PO BOX R
MORGAN CITY, MS 38946

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER
Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: NW 1/4 of the NE 1/4 Section: 01 Township: 17N Range: 02W
County: LEFLORE Quadrangle: MONTGOMERY
Permitted Acreage: Irrigation: 165 Fish Culture: 0 Wildlife Management: 0
Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: MAKAMSON, REECE
Applicant Address: PO BOX R
MORGAN CITY, MS 38946

Date Original Permit Issued: 11/04/2019
Date Coverage Expires: 07/20/2020
Date Coverage Modified:
Date Coverage Granted:

SPECIAL TERMS AND CONDITIONS 1:
SEE ATTACHMENT 1, WHICH IS HEREBY DECLARED TO BE PART OF THIS PERMIT.
SPECIAL TERMS AND CONDITIONS 2:
REPLACEMENT WELL FOR MS-GW-00261

Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality