

Part 2 never received 4/13

*Sunflower*

### State Well Report Part 1

County: Leftore  
 Permit #: GW42388  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 3-25-08

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 #: U-60  
 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>Makamson Planting</u>	Latitude: <u>33° 22' 02.5"</u> Longitude: <u>90° 28' 21.8"</u>
Mailing Address: <u>40 Reece Makamson</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box R</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Morgan City Ms. 38946</u>	<u>SW 1/4 NE 1/4</u> Sec <u>2</u> Twn <u>17N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 455-5756</u>	<u>6</u> Miles <u>East</u> of <u>Inverness</u>

**Well Data**

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

Date well drilling started: 3-25-08 Date well drilling completed: 3-25-08

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 3-25-08

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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.

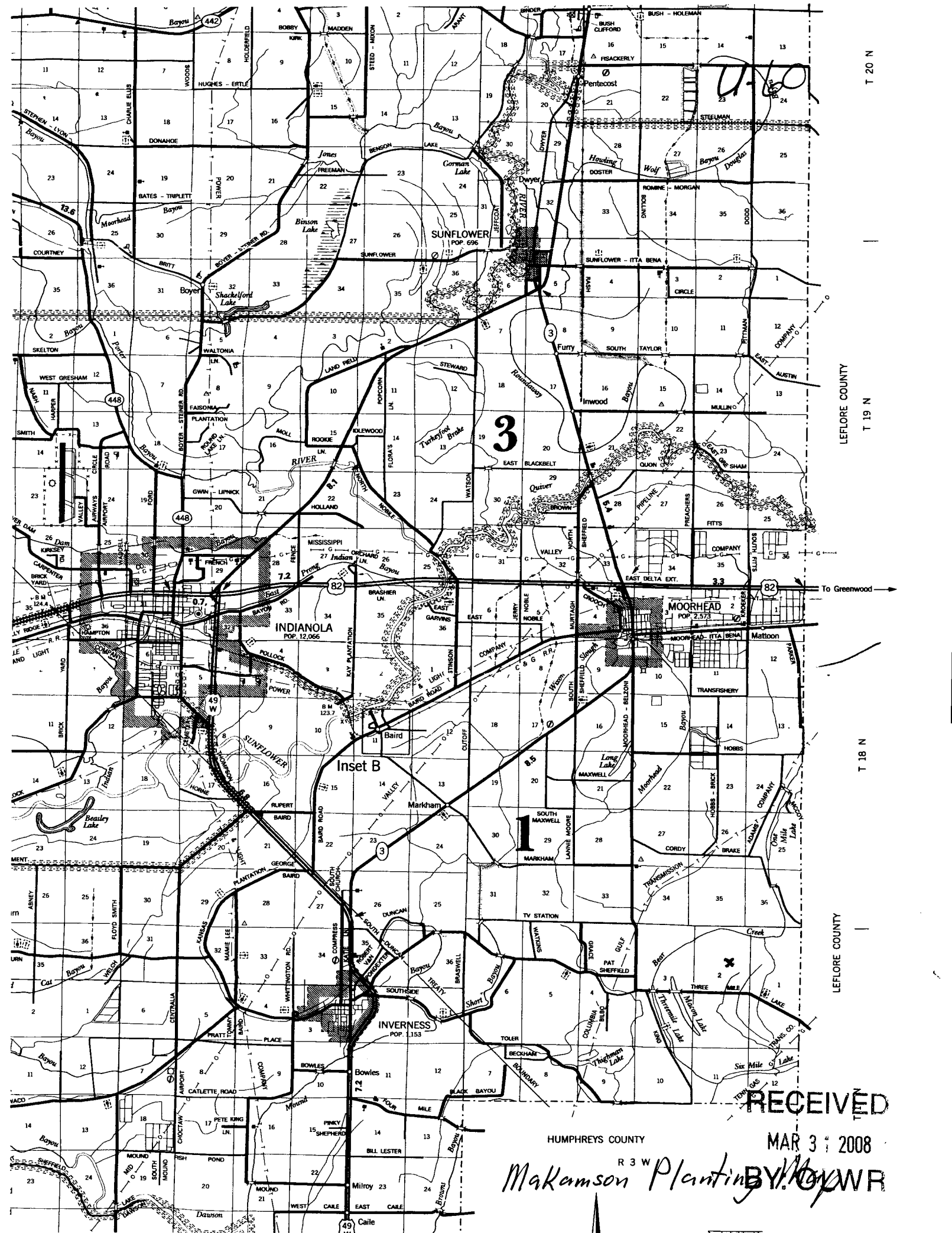
Irrigation Equipment Inc  
 Patrick M. Chism 0695

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

*Kelly Vest contracted with us to drill well  
 He will set pump.*

RECEIVED  
 MAR 31 2008  
 BY: OLWR





T 20 N

T 19 N

T 18 N

LEFLORE COUNTY

LEFLORE COUNTY

HUMPHREYS COUNTY

MAR 3 2008

RECEIVED  
Makamson Planting BY: M. J. W. R.

Inset B

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