State W	/ell Report					
	Driller's Log For Office Use Only:					
Mississippi Departme	nt of Environmental Quality Aquifer:					
Permit #: 6043565 Office of Land a	nd Water Resources					
1 Pullan 2	Box 2309 Well #:					
	1, MS 39225 961-5210 L. S. Elevation:					
	1- 5228 (fax)					
State I am acquires that this areast because it is	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.						
Information on Well Owner	Well or Borehole Location					
(Landowner if borehole is not for a water well)						
Owner Name Reese Makamson	Latitude: 33 ° 2\ ', 04" Longitude: 10 ° 27 ', 13"					
Mailing Address: P.O. Box K	Method of Lat/Long (circle one): Conventional Survey,					
-	USGS quad, Hand-held GPS, Survey-grade GPS					
Morgan City Ms. 38946 City State Zip Code	SE 1/Sec / Twn 17N Rng 3W					
City State Zip Code	Distance Direction Negrest Town					
Telephone No. (662) 455-5756	Distance Direction Negrest Town 6 Miles SW of Morgan City					
Well / Bore	hole Data					
Date drilling started: 10/20/09 Date drilling completed: 10/20/09 Hole depth: 127 Hole diameter: 20"						
Location of the source of any surface water used for drilling: Surface water Method of dosing and volume of Chlorine used in drilling and development: 50 ppm						
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):						
Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation Ground Source Heat Pump						
Seismic Survey Other (describe)						
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:						
If a flowing well, method of flow regulation: Valve Other (describe)						
Static Water Level: 27' feet above of below (circle one) land surface Date measured: 10-21-09						
Method of Measurement (circle one) steel tape electric tape air line other.						
Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix						
Casing length: 8 / feet Casing diameter: 12 inches Type of casing: PVC						
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC						

Setting depth: From 28

Other (describe):

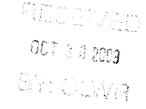
Type of completion (circle all applicable): Cavel packed Underreamed Telescoped Open hole Natural Development

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

Screen slot size: _______inches

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A (04/08)



rell telescopes, show depths on sketch. Ground Level	Description of Formations Encountered From (depth) To (depth
Ground Level	Description of Formations Encountered From (depth) To (depth) Clay Ground Level 24
	Fine Sand + Grave 50 60
İ	Medium Sand & Grave 61 127
	THE COUNTY OF THE PROPERTY OF
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th the property layout and include the follow aid in locating the well: 3) any road	ving: 1) the well location; 2) any permanent structures on the property that may ls, power lines, or other items that may aid in locating the property and the well;
A) 4	
4) a north arrow.	

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Reese Makamson

John P. Chism 0439

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT						
County:	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309			ffice Use Only:		
Date completed:	Jackson	n, MS 39225	Well #:			
)961-5210 51-5228 (fax)	Elevation:			
		` ,				
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: Reese Maka		Latitude: Longitude:				
Mailing Address: P.O. Box K			Long (check one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS				
Morgan City Ms. 38946		SE 4 SE 4 Sec / T/7N R 3 W				
City State	Zip Code	Distance Direc	tion Nearest To	wn		
Telephone No. 662 455-57	756	د ا	v of Morgo	_		
Pump Type		<u> </u>	Power Type			
Circle one			Circle one			
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas		
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):	···		
Other (specify):		Horse Power Rating of	Motor: 40			
Date Pump Installed: 10-21-	09	Setting Depth:	80	feet		
Rated Pump Capacity: // LOO =	Gallons Per Minute	Number of Stages:	/			
Pump Test Data						
Date Well Tested:		Metnoa	of Measuring Water 1 Circle one	Level		
Static Water Level (A):Feet I	Below Land Surface		c Measuring Line	Steel Tape		
Pumping Water Level (B):Feet B	elow Land Surface	Other (specify):				
Drawdown [(B) - (A)]:Feet B	Below Land Surface	For flowing well, measu	red shut in head:	feet		
Test Pumping Rate:(Gallons Per Minute	Well yielded	GPM with a d	rawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet a	fter ho	urs of pumping		
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 of Pump Installer
Form: OLWR-SWR-1B (04/08)



OCT 3 0 2009 BY: OLWR