

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)

County: Coahoma
Permit #: GW41859
Irrigation Equipment
Driller: _____
Date drilling completed: 5-2-07

For Office Use Only:
Aquifer: _____
Well #: D-66
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>Levee View Planting Co.</u>	Latitude: <u>34° 15' 13.8"</u> Longitude: <u>90° 42' 52.0"</u>
Mailing Address: <u>P.O. Box 1836</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale Ms. 38614</u>	<u>SE 1/4 SE 1/4 Sec 33 Twn 28N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>7</u> Miles <u>NW</u> of <u>Clarksdale</u>

Well Data

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

Date well drilling started: 5-2-07 Date well drilling completed: 5-2-07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5-3-07

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: 76 feet Casing diameter: 10 inches Type of casing: PVC Sch 40

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC Sch 40

Screen slot size: .050 inches Setting depth: From 77 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.
Patrick M. Chism 0695



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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D-66

If well telescopes please sketch below and show depths.

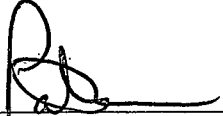
Ground Level

Description of Formations Encountered	From	To
Fine Sand	0	17
Course Brown Sand	18	27
Course Brown Sand	28	37
Course Sand	38	47
Course Sand	48	57
Course Sand	58	67
Course Sand	68	77
Course Sand	78	87
Course Sand + Peg Gravel	88	97
Course Sand	98	107
Course Sand	108	116

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: Levee View Planting Co.


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: Coahoma
Permit #: _____
Irrigation Equipment
Driller: _____
Date completed: 5-2-07

For Office Use Only:

Aquifer: _____
Well #: D-66
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>Levee View Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1836</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale Ms. 38614</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>33</u> Twn <u>28N</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>7</u> Miles <u>NW</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>5-3-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>750 ±</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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

Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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D-66

Levee View Planting Co. Map

LEGEND

- | | | | |
|--------------------------------------|-------|------------------------------------|-------|
| ROADS AND ROADWAY FEATURES | | NAVIGATION | |
| UNIMPROVED ROAD | ===== | DOCK, PIER, OR LAUNCH | ===== |
| PAVED HIGHWAY | ===== | LEVEE OR DIKE | ===== |
| UNIMPROVED HIGHWAY | ----- | LEVEE OR DIKE WITH ROAD | ===== |
| DIVIDED HIGHWAY | ===== | | |
| INTERSTATE SYSTEM | ===== | | |
| CITY STREETS | ===== | | |
| HIGHWAY BRIDGES | | CITY AND VILLAGE CENTERS | |
| BRIDGE 50 FEET AND OVER | ===== | COUNTY SEAT | ⊙ |
| DRAWNIDGE | ===== | OTHER CITIES AND VILLAGES | ⊙ |
| ERRY PILE OR TOLL | ===== | | |
| HIGHWAY GRADE SEPARATION | ===== | | |
| HIGHWAY INTERCHANGE | ===== | | |
| ROAD SYSTEM DESIGNATION | | MISCELLANEOUS | |
| INTERSTATE NUMBERED | Ⓜ | TRANSLATION STATION | △ |
| U.S. NUMBERED | Ⓢ | BENCH MARK WITH ELEVATION | ⊕ |
| STATE NUMBERED | Ⓟ | | |
| RAILROADS | | PUBLIC SERVICE FACILITIES | |
| RAILROAD STATION | ⊠ | PREFUEL, GAS JO FOR OIL | ⊠ |
| GRADE CROSSING | ⊠ | TRANSMISSION LINE | ⊠ |
| RAILROAD ABOVE | ⊠ | UNDERGROUND TELEPHONE CABLE | ⊠ |
| RAILROAD BELOW | ⊠ | OBSERVATION OR LOOKOUT TOWER | ⊠ |
| | | HIGHWAY GARAGE | ⊠ |
| | | POST OFFICE | ⊠ |
| | | POWER PLANT | ⊠ |
| | | WEIGHT STATION | ⊠ |
| | | HOSPITAL | ⊠ |
| | | SYNCHRONOUS PLANT | ⊠ |
| | | COMMUNITY CENTER OR TOWNHALL | ⊠ |
| | | NATIONAL PARK GARAGE | ⊠ |
| | | FIRE STATION | ⊠ |
| | | PUBLIC LIBRARY | ⊠ |
| | | SANITARY LAND FILL | ⊠ |
| | | CORRECTIONAL INSTITUTION | ⊠ |
| | | POLICE STATION | ⊠ |
| | | GRAVEL PIT | ⊠ |
| AIRPORTS | | CONSERVATION AND RECREATION | |
| MILITARY AIRPORT | ⊠ | MOTOR HOTEL | ⊠ |
| AIRPORT, LIMITED FACILITIES | ⊠ | CAMP OR LODGE | ⊠ |
| LANDING AREA OR STRIP | ⊠ | HISTORIC OR SCENIC SITE | ⊠ |
| (INCLUDING PRIVATE AIR FIELD) | | FARM GROUNDS OR RACE COURSE | ⊠ |
| AIRPORT, COMPLETE FACILITIES | ⊠ | SMALL POND | ⊠ |
| | | GOLF COURSE OR COUNTRY CLUB | ⊠ |
| AIRWAY LIGHT BEACON | ⊠ | | |
| DRAINAGE AND NATURAL FEATURES | | INDUSTRIAL | |
| NARROW STREAM | ===== | FACTORY OR INDUSTRY | ⊠ |
| DRAINAGE DITCH | ===== | SEASONAL INDUSTRY | ⊠ |
| LAKES AND RESERVOIRS | ===== | | |
| OVERFLOW LAND | ===== | | |
| MARSH OR SWAMP LAND | ===== | | |
| BOUNDARIES | | CHURCHES AND CEMETERIES | |
| STATE BOUNDARY | ===== | CHURCH | ⊠ |
| COUNTY BOUNDARY | ===== | CEMETERY | ⊠ |
| BEAT LINE | ===== | CHURCH WITH CEMETERY ADJACENT | ⊠ |
| CONGRESSIONAL TOWNSHIP | ===== | | |
| SECTION LINE | ===== | | |
| NATIONAL OR STATE FOREST | ===== | | |
| RESERVATION, PARKS, ETC. | ===== | | |
| URBAN AREA CONCEPT | ===== | | |
| INCORPORATED PLACES | ===== | | |
| UNINCORPORATED DELIMITED AREAS | ===== | | |
| | | EDUCATION | |
| | | SCHOOL | |
| | | MISCELLANEOUS STRUCTURES | |
| | | ARMORY | |
| | | FORT, MILITARY CAMP | |



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JUN 11 1907
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