. /.		
State V	State Well Report	
/ <i>V</i> -	Part 1	
	ent of Environmental Quality and Water Resources	Aquifer:
rrightion Equipment P.O.	Box 10631	Well #:
Driller: Jackson,	MS 39289-0631	L. S. Elevation:
	1)961-5210 54 6038 (for )	E-log #:
(601)3	54-6938 (fax)	E-10g #.
State Law requires that this report be prepared by th	e driller in detail and filed w	ith the Department within
30 days of completion of drilling of the well.  Well Owner Information	Well	Location
	34 06' 15.	2N 90 30' 21.2W
Owner Name Omega Plantation	Latitude:'	" Longitude: '"
Mailing Address: Box 38	Method of Lat/Long (circle or	ne): Conventional Survey,
<b>^</b>	USGS quad, Hand-held	GPS, Survey-grade GPS
Tunica MS 38676	SE 1/4 SE 1/4 Sec 21	Twn 26N Rng 3W
City State Zip Code	Distance Direction	
Taladan No. (	Miles	of <u>Matson</u>
Telephone No. ()		
Wel	l Data	
Purpose of Well (circle one) Home Industrial Public Supply	rigation Fish Culture	Other:
11-21-06	well drilling completed:	1-21-06
Date well drilling started: Date	e well drilling completed:	
If flowing, method of flow regulation: Valve Other	(describe)	
Static Water Level: 34 feet above or below (circle one	) land surface Date measured:	11-22-06
Method of Measurement (circle one) steel tape electric tap	e air line other:	
Hole depth: 125 Well depth: 125	_ Well grouted to a depth of _	10 feet
Type of grout (circle one): Cement Bentonie Mit	ĸ	
Casing length: 90 feet Casing diameter: 16	inches Type of casing:	PVC Sch.40
Screen length: 35 feet Screen diameter. 16	inches Type of screen:	PVC Sch.40
Screen slot size: . 050 inches Setting depth: From	91feet to	125feet
Type of completion (circle all applicable): Gravel packed Und	erreamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one scr	een, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):		
I certify that the well was drilled, constructed, and completed in		-
Department of Environmental Quality and/or the Mississippi D	an automate of Wasleh manufaction	a and state laws

Irrigation Equipment Inc. Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

RECEIVED

DEC 11 2006

YMD JOINT WATER
MANAGEMENT DISTRICT

County: Coahoma
Permit#: 6(4) 41419 Irrigation Equipment Driller:
Date drilling completed: $11-21-06$

## **State Well Report**

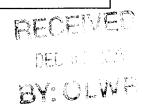
Part 1

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 #: <u>M-</u> /02
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 34 06' 15.2N 90 30' 21.2W	
Owner Name Omega Plantation	Latitude: Longitude:	
Mailing Address: Box 38	Method of Lat/Long (circle one): Conventional Survey,	
}	USGS quad, Hand-held GPS, Survey-grade GPS	
Tunica MS 38676	SE 1/4 SE 1/4 Sec 21 Twn 26N Rng 3W	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	Milesof <u>Matson</u>	
Well I	)ata	
Purpose of Well (circle one) Home Industrial Public Supply  Date well drilling started:  Date w	vell drilling completed:	
If flowing, method of flow regulation: Valve Other (d	escribe)	
Static Water Level: 34' feet above or below (circle one) land surface Date measured: 11-22-06		
Method of Measurement (circle one) steel tape electric tape	air line other:	
Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonile Mix		
Casing length: 90 feet Casing diameter. 16	inches Type of casing: PVC Sch. 40	
Screen length: 35 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40	
Screen slot size: 050 inches Setting depth: From	91feet to125feet	
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	Patrone	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

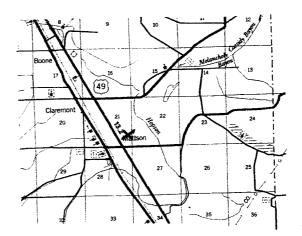


Ground Level

Description of Formations Encountered	From	То
Clay Fine Sand Fine Sand/gravel Med. Sand/gravel	0	28
Fine Sand	29	85
Fine Sand/gravel	86	89
Med. Sand/gravel	90	125
	<u></u>	11
		<u>                                      </u>
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		1
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	1	$oxed{oxed}$
	<u> </u>	

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:	

Signature of Water Well Contractor

## STATE WELL REPORT

## County: Coahoma Permit#: GW 4/4/9 Irrigation Equipment Driller: 11-21-06

## 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

For Office Use Only:		
Aquifer:		
Well #:	102	
Elevation:		

Date completed: 11-21-06	(60) (601)3	1)961-5210 154-6938 (fax) Elevation:	
installation of pump.		tail and filed with the Department within 30 days of the	
Well Owner l		Well Location	
Owner Name: Omega Pla	ntation	Latitude: Longitude:	
Mailing Address: Box 38		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS	
Tunica	MS 38676	SE 1/4 SE 1/4 Sec 21 Twn 26N Rng 3W	
City	State Zip Code	Distance Direction Nearest Town	
Telephone No. ()		MilesofMatson	
Pump	Type	Power Type	
Circle		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: 60	
Date Pump Installed: 11-2	2-06	Setting Depth: 70 feet	
Rated Pump Capacity: 2300	Gallons Per Minute	Number of Stages: 2	
Pump Te		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		
Drawdown [(B) – (A)]:	Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum	4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above	we statements are true to the best	of my knowledge/	

Patrick M. Chism 0695 Pahl III Ch	I HEREBY CERTIFY that the above statements are true to the best of r	my knowledge / 200	
	Patrick M. Chism 0695	Palus III Chy	_FECELY C
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	2000