

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 #: MT10
 L. S. Elevation: _____
 E-log #: _____

County: Coahoma
 Permit #: 42671
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-23-08

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>Ellendale Farms</u>	Latitude: <u>34° 06' 03.1"</u> Longitude: <u>90° 32' 47.3"</u>
Mailing Address: <u>5060 Old Hwy 495</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale Ms. 38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 19 Twn 26N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>S</u> of <u>Clarksdale</u>

Well Data

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

Date well drilling started: 6-28-08 Date well drilling completed: 6-28-08

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

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 6-24-08

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

Signature of Water Well Contractor: [Signature] JUL 21 2008

Print Name of Water Well Contractor and License No. _____

RECEIVED

YMD JOINT WATER MANAGEMENT DISTRICT

42671

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 #: 6042671
Irrigation Equipment
Driller: _____
Date drilling completed: 6-23-08

For Office Use Only:
Aquifer: _____
Well #: M-110
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>Ellendale Farms</u>	Latitude: <u>34° 06' 03.1"</u> Longitude: <u>90° 32' 47.3"</u>
Mailing Address: <u>5060 Old Hwy 495</u>	Method of Lat/Long (circle one): <u>03</u> Conventional Survey, <u>47</u>
<u>Clarksdale</u> <u>Ms.</u> <u>38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>19</u> Twn <u>26N</u> Rng <u>3W</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>30</u> of Nearest Town <u>Clarksdale</u>

Well Data

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

Date well drilling started: 6-28-08 Date well drilling completed: 6-28-08

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

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 6-24-08

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

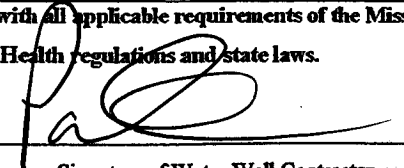
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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: 

RECEIVED
JUL 11 2008
BY: OLWR

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 #: 6W42671
 Irrigation Equipment
 Driller: _____
 Date completed: 6-23-08

For Office Use Only:

Aquifer: _____
 Well #: M-110
 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.

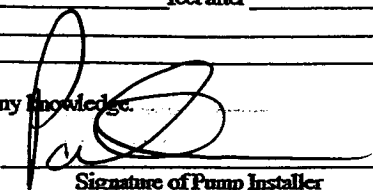
Well Owner Information	Well Location
Owner Name: <u>Ellendale Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5060 Old Hwy 495</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Clarksdale Ms. 38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 19 Twn 26N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles S of Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-24-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800 ±</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

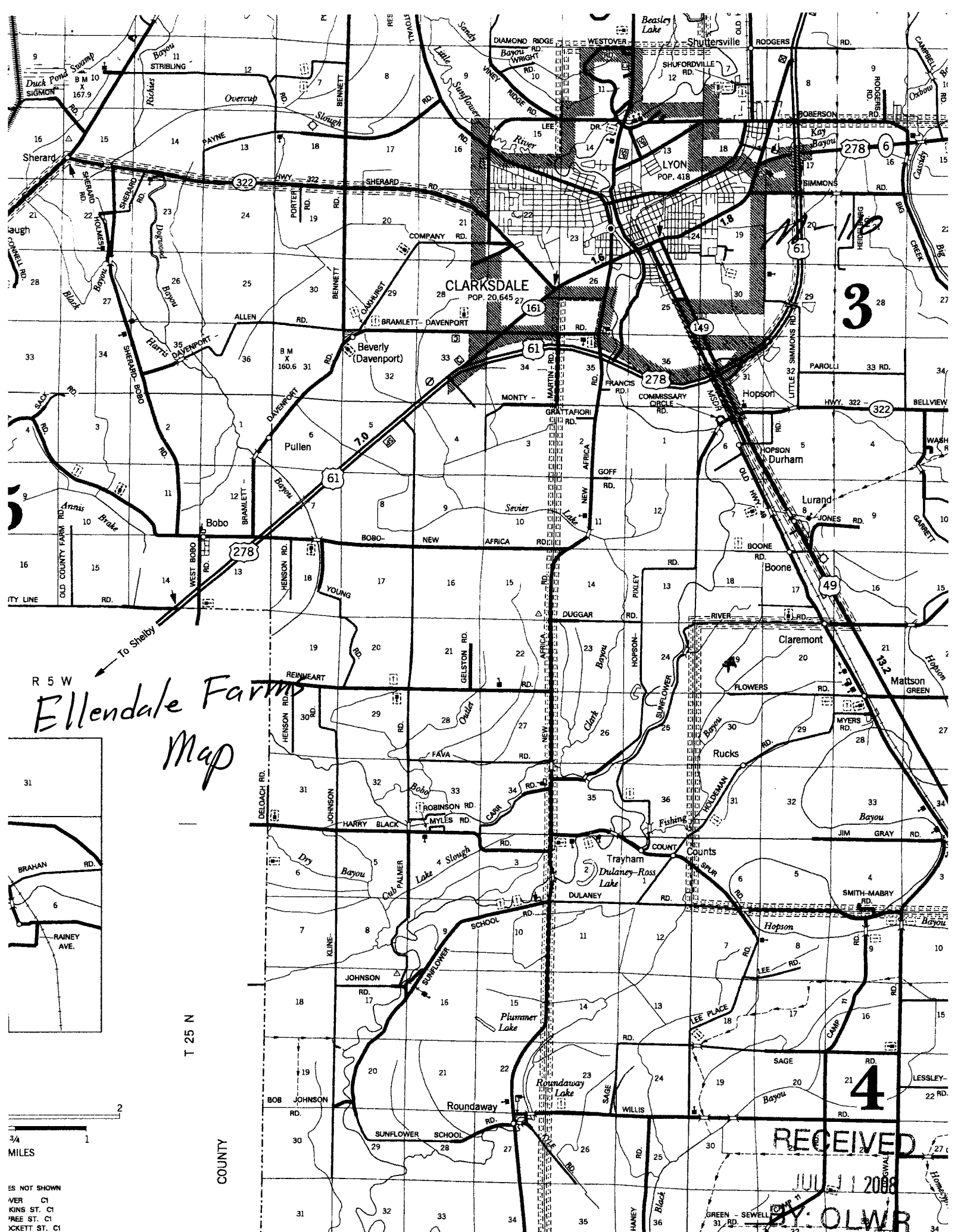
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

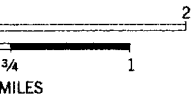
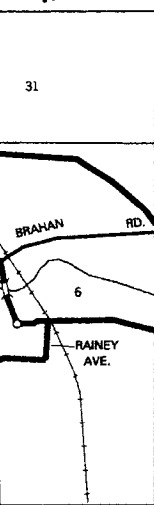

 Signature of Pump Installer

RECEIVED

JUL 11 2008
 BY: OIWR



R 5 W
Ellendale Farms
 Map



AS NOT SHOWN
 VER C1
 KINS ST. C1
 FREE ST. C1
 YCKETT ST. C1

RECEIVED
 JUL 11 2008
 BY OLWR

City: Cochona
 Permit #: 42969
 Driller: Pete Seppington
 Date drilling completed: 11-20-08

NOE

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: M-115
 L. S. Elevation: _____
 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 (Landowner if borehole is not for a water well) Owner Name: <u>Richard Noe Farms</u> Mailing Address: <u>P.O. Box 162</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. <u>(662) 627-7471</u>	Well or Borehole Location Latitude: <u>38° 8' 18.75</u> Longitude: <u>90° 28' 22.21</u> Method of Lat/Long (circle one): Conventional Survey, <u>Survey-grade GPS</u> USGS quad: <u>Hand-held GPS</u> <u>5E 1/4 11E 1/4 Sec 11 Twn 16 N Rng 3 W</u> Distance Direction Nearest Town <u>3</u> Miles <u>ENE</u> of <u>Clarksdale</u>
---	---

Well / Borehole Data
 Date drilling started: 11-20-08 Date drilling completed: 11-20-08 Hole depth: 100' Hole diameter: 28"
 Location of the source of any surface water used for drilling: Ditch South of Well Site
 Method of dosing and volume of Chlorine used in drilling and development: Sodium hypochlorite @ 10 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 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 one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 19 feet above or below (circle one) land surface Date measured: 11-20-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: .032 inches Setting depth: From 60 feet to 100 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 next page

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

42969

JAN - 5 2009

YMD JOINT WATER MANAGEMENT DISTRICT