

Coahoma

#: GW-40991
Irrigation Equipment

date drilling completed: 4-5-06

State Well Report

Part I

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 #: N-128
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

Owner Name Greenway Plantation LLC

Mailing Address: 1825 New Africa Road

Clarksdale MS 38614
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 34.0036.3N Longitude: 90.37.17.9W

Method of Lat/Long (circle one): Conventional Survey

SW USGS quad, Hand-held GPS, Survey-grade GPS

NW SW $\frac{1}{4}$ Sec 28 Twn 25N Rng 4W

Distance 2 Miles Direction West of Nearest Town Roundaway

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: APR 27 2006

Date well drilling started: 4-5-06 Date well drilling completed: 4-5-06

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

YMD JOINT WATER MANAGEMENT DISTRICT

Static Water Level: 41' feet above or below (circle one) land surface Date measured: 4-6-06

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 Bentonite Mix

Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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

Patrick M. Chism
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

40991

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 #: GW 40991
Irrigation Equipment
Driller: _____
Date drilling completed: 4-5-06

For Office Use Only:
Aquifer: _____
Well #: N-128
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>Greenway Plantation LLC</u> Mailing Address: <u>1825 New Africa Road</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. () _____	Latitude: <u>34.0036.3N</u> Longitude: <u>90.37.17.9</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW</u> <u>NW</u> <u>SE</u> <u>SW</u> 1/4 Sec <u>28</u> Twn <u>25N</u> Rng <u>4W</u> Distance Direction Nearest Town <u>2</u> Miles <u>West</u> of <u>Roundaway</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-5-06 Date well drilling completed: 4-5-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 41' feet above or below (circle one) land surface Date measured: 4-6-06
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 Bentonite Mix
Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 86 feet to 125 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
APR 17 2006
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 #: 6W 40991
 Irrigation Equipment
 Driller: _____
 Date completed: 4-5-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N-128
 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: <u>Greenway Plantation LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1825 New Africa Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale</u> MS <u>38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>28</u> T <u>25N</u> R <u>4W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>West</u> of <u>Roundaway</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>4-6-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>950</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 of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

APR 17 2006

BY: OLWR

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 #: N-129
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: GW-40992
Irrigation Equipment
Driller: _____
Date drilling completed: 4-5-06

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>Greenway Plantation LLC</u>	Latitude: <u>34 00 36.6</u> Longitude: <u>90 36 00.9</u>
Mailing Address: <u>1825 New Africa Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW NE</u> <u>SE</u> 1/4 Sec <u>29</u> Twn <u>25N</u> Rng <u>4W</u>
Telephone No. () _____	Distance <u>2 1/2</u> Miles Direction <u>West</u> of Nearest Town <u>Ripley</u>

RECEIVED

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>APR 27 2006</u>	
Date well drilling started: <u>4-5-06</u>	Date well drilling completed: <u>4-5-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>43'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>4-6-06</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>111'</u> Well depth: <u>111'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>71</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>68</u> feet to <u>107</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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 Patrick M. Chism

40992