Coahoma		
Permit # 6W 40992 Irrigation Equipment Driller:		
Date drilling completed:	4-5-06	

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 #: // / OX /	
E-log #:	

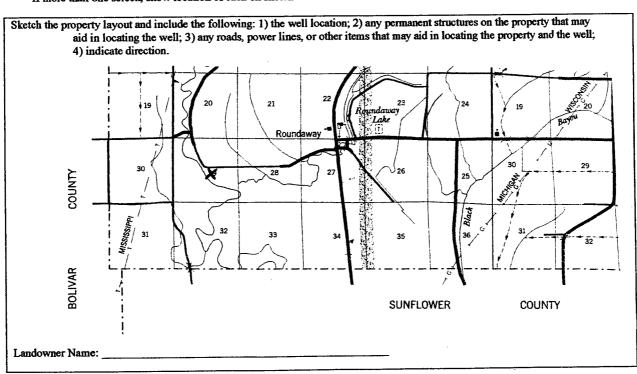
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Greenway Plantation LLC	34 00 36.6 90 36 00.9 Latitude: Longitude:
Mailing Address: 1825 New Africa Road	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Clarksdale MS 38614	10W 14 SE 14 Sec 29 Twn 25N Rng 4W
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	2½ Miles West of Roundaway
Well I	Late Date
Well	7812
Purpose of Well (circle one) Home Industrial Public Supply	Inigation Fish Culture Other:
Date well drilling started: $4-5-06$ Date w	well drilling completed: 4-5-06
If flowing, method of flow regulation: Valve Other (de	escribe)
Static Water Level: 43 feet above of below (circle one) le	and surface Date measured: 4-6-06
Method of Measurement (circle one) steel take electric tape	air line other:
Hole depth: 111' Well depth: 111'	Well grouted to a depth offeet
Type of grout (circle one): Cement Mix	
Casing length: 71 feet Casing diameter: 10	_inches Type of casing:PVC
Screen length: 40 feet Screen diameter: 10	inches Type of screen: PVC
Screen slot size:inches Setting depth: From	68 feet to 107 feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 a	ccordance with all applicable requirements of the Mississinni
Department of Environmental Quality and/or the Mississippi Dep	
Irrigation Equipment Inc.	
Patrick M. Chism 0695	take an Ch.
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Ground Level

	From	To
Clay	0	35
Clay/fine sand	36	45
Fine Sand	46	59
Med. Sand/gravel Fine Sand	60	107
Fine Sand	108	111
	-	
	-	
	 	
		
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Coahoma County: _ Permit #: 6W 40992
Irrigation Equipment
Driller:

4-5-06 Date completed:

Copy information from block on Part 1

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)

For Office Use Only:		
Aquifer:		
Well #: N - 129 Elevation:		

report must be attached and both parts filed with the Department of	contractor or a ticensea pump instatter. A copy of Part 1 of the at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: Greenway Plantation LLC	Latitude: Longitude:		
Mailing Address: 1825 New Africa Road	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held GPS, Survey-grade GPS		
Clarksdale MS 38614 City State Zip Code	NW 4 SE 4 Sec 29 T 25N R 4W		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. ()	2½ Miles West of Roundaway		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Sectric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 20		
Date Pump Installed: 4-6-06	Setting Depth: 70 feet		
Rated Pump Capacity: 950 Gallons Per Minute	Number of Stages:1		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one		
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
	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 statements are true to the best o	f my knowledge.		
Patrick M. Chism 0695	Yatus	M Chi	
Print Name of Pump Installer and License No. (if applicable)	Signature of	f Pump Installer	

Form: OLWR-SWR-1B

RECEIVED

APR 17 2006

BY: OLWR