

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 #: N134
 L. S. Elevation: _____
 E-log #: _____

Coahoma

Well #: 41361
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 10-11-06

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 14.4</u>	Longitude: <u>90 35 49.7W</u>
Mailing Address: <u>1825 New Africa Road</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____	
<u>Clarksdale MS 38614</u>		<u>SW 1/4 NE 1/4 Sec 24 27 Twn 25N Rng 4W</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>1</u> Miles	Direction: <u>South</u> of Nearest Town: <u>Roundaway</u>
Telephone No. (____) _____			

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Well Data			
Purpose of Well (circle one): <u>Irrigation</u>	Home	Industrial	Public Supply
Date well drilling started: <u>10-11-06</u>	Date well drilling completed: <u>10-11-06</u>	Other: _____	
If flowing, method of flow regulation: Valve _____	Other (describe): _____		
Static Water Level: <u>45'</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>10-12-06</u>		
Method of Measurement (circle one): <u>steel tape</u>	electric tape	air line	other: _____
Hole depth: <u>118</u>	Well depth: <u>118</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Bentonite</u>	Cement	Mix	
Casing length: <u>78</u> feet	Casing diameter: <u>10</u> inches	Type of casing: <u>PVC 160</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>10</u> inches	Type of screen: <u>PVC 160</u>	
Screen slot size: <u>.050</u> inches	Setting depth: From <u>79</u> feet to <u>118</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u>	Underreamed	Telescoped	Open hole
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: _____			

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 YMD JOINT WATER
 MANAGEMENT DISTRICT

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.

41361

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 41361
Irrigation Equipment
Driller: _____
Date drilling completed: 10-11-06

For Office Use Only:
Aquifer: _____
Well #: N-134
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>	34 00 14.4	90 35 49.7W
Mailing Address:	<u>1825 New Africa Road</u>	Latitude: _____	Longitude: _____
	<u>Clarksdale MS 38614</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
City	State	Zip Code	
Telephone No. ()			
		USGS quad, Hand-held GPS, Survey-grade GPS	
		<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>3427</u> Twn <u>25N</u> Rng <u>4W</u>	
		Distance	Direction
		<u>1</u> Miles	<u>South</u> of <u>Roundaway</u>

Well Data

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

Date well drilling started: 10-11-06 Date well drilling completed: 10-11-06

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

Static Water Level: 45' feet above or below (circle one) land surface Date measured: 10-12-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 10 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 79 feet to 118 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.

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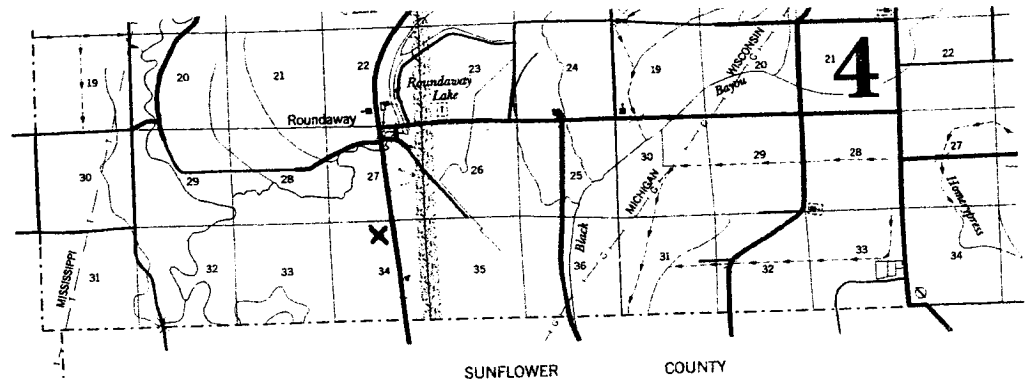
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	67
Med. Sand/gravel	68	116
Clay	117	118

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: _____

Patrol M Shi

 Signature of Water Well Contractor

STATE WELL REPORT

County: Coahoma
 Permit #: 6W 41361
 Irrigation Equipment
 Driller: _____
 Date completed: 10-11-06
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: N-134
 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 MS 38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 34 T 25N R 4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 Miles South of Roundaway</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>10-12-06</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 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECORDED
 Form: OLWR-SWR-1B