

State Well Report

Part 1

Mississippi Department of Environmental Quality

OMEGA Land and Water Resources
P.O. Box 1000

Jackson, MS 39289-0631

(601)961-5210

(601)354-6938 (fax)

For Office Use Only:

Aquifer: Q 107

Well #: Q 107

L. S. Elevation: _____

E-log #: _____

County: Coshocho

Permit #: 42544

Irrigation Equipment

Driller: _____

Date drilling completed: 6-2-08

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>Omega Plantation</u>	Latitude: <u>34° 01' 44.0</u> Longitude: <u>90° 29' 27.5</u>
Mailing Address: <u>Box 38</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tunica</u> Ms. <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 22 Twn 25N Rng 3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Dublin</u>

Well Data

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

Date well drilling started: 6-2-08 Date well drilling completed: 6-2-08

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

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 6-3-08

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 [Signature]

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JUN - 6 2008

YMD JOINT WATER MANAGEMENT DISTRICT

42544

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 #: 00042544
Irrigation Equipment
Driller: _____
Date drilling completed: 6-2-08

For Office Use Only:
Aquifer: _____
Well #: Q-107
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.

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Mailing Address: <u>Box 38</u>	Method of Lat/Long (circle one): <u>44</u> Conventional Survey, <u>27</u>
<u>Tunica</u> Ms. <u>38676</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>22</u> Twn <u>25N</u> Rng <u>3W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>5</u> of <u>Dublin</u>

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Irrigation Equipment Inc
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Patrick M. Chism

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Q-107

If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	38
Fine Sand + Gravel	39	49
Medium Sand + Gravel	50	127

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: Omega Plantation

[Signature]
Signature of Water Well Contractor

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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: Cochosma
 Permit #: 60042544
 Irrigation Equipment
 Driller: _____
 Date completed: 6-2-08

For Office Use Only:

Aquifer: _____
 Well #: Q-107
 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.

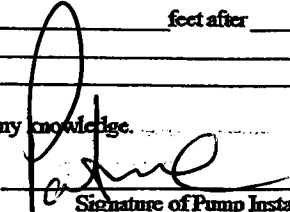
Well Owner Information	Well Location
Owner Name: <u>Omcga Plantation</u> Mailing Address: <u>Box 38</u> <u>Tunica</u> <u>Ms.</u> <u>38676</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 22 Twn 25N Rng 3W</u> Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Dublin</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-3-08</u> Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

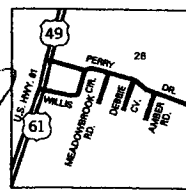
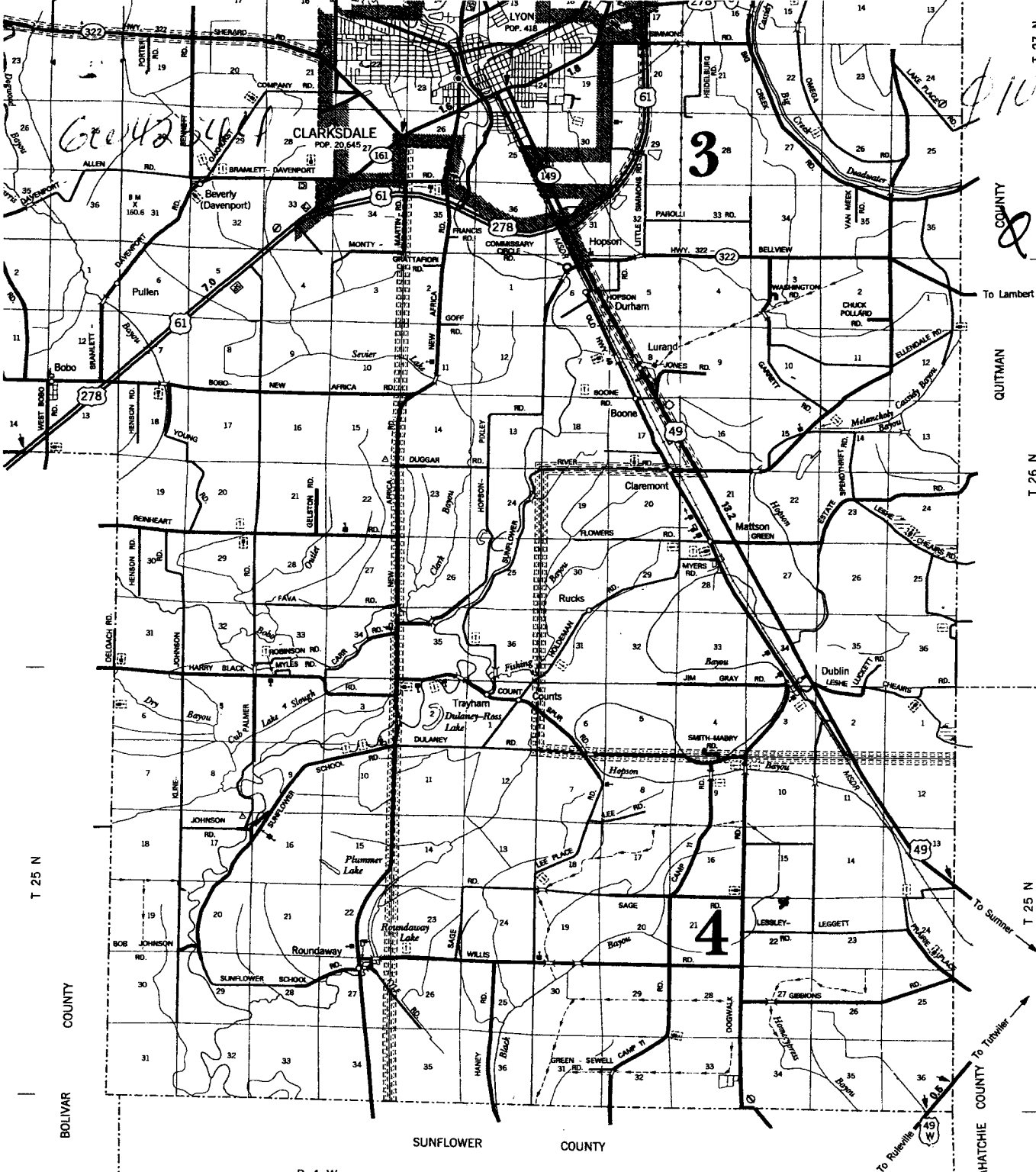
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

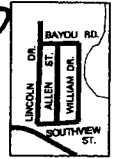
Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

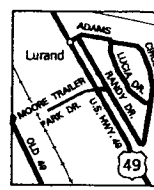
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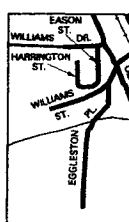
Inset E
T 28 N R 3 W



Inset F
T 27 N R 3 W



Inset G
T 26 N R 3 W



Inset H
T 26 N R 3 W



Inset I
T 25 & 26 N R

Q-107

To Lambert →

QUITMAN COUNTY

T 26 N

T 25 N

Tallahatchie County To Tunica
To Ruleville

T 25 N

BOLIVAR COUNTY

R 4 W

R 3 W

Omega Plantation Map

GENERAL HIGHWAY MAP

COAHOMA COUNTY

MISSISSIPPI

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MISSISSIPPI DEPARTMENT OF TRANSPORTATION
 PLANNING DIVISION
 IN COOPERATION WITH THE
 U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION
 TRANSVERSE MERCATOR PROJECTION.

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DATA SOURCES
2006 6SCS AERIAL PHOTOS