City State Zip Code Distance Disection Nearest Town State Stat			4-90		
Part 1 Part 2 Part 1 Part 2 Part 1 Part 2 Part 1 Part 2 Part 2 Part 3 P		Vell Report	For Office Hea Only		
Completion Com	Course Herre ohnere	Part 1	For Office Use Only.		
Coffice of Land and Water Resources P.O. Box 10531 Jackson, MS 39289-0531 (501)354-6938 (fax) 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					
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 Owner Information Well Owner Owner Information Well Owner Information	Permit #: Office of Land	and Water Resources	Well #: 190		
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 Owner Information Well Owner Information Well Owner Information Well Commer Name, Seward & Son Farms failing Address: Box 266 Method of Lav/Long (circle one): Conventional Survey, Well Data Well Data Well Owner Information Well Data Well Owner Information Well Data Well Confide one): Conventional Survey, Well Data Well Data Well Data Well Data Well Owner Information Well Data Well Owner Information Well Data Well Caring Well Data Well Caring Well Data Well Data Well Data Well Data Well Data Well Data Well Caring Well Data Well Caring Well Data	Driller				
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Method of Lat/Long (circle one): Conventional Survey, Louise Ms. 3907 City State Zip Code Well Data Well Green Well Ground Well Green Well Ground Wel	Owner Name Deward & Jon Farms	Latitude: 52°08'11.	Longitude: 10 02 11.7		
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Department of Environmental Quality and/or the Mississippi Department of fielth regulations and state laws. Irrigation Equipment Inc. Patrick M. Chism 0695	Name of organization running log(s):				
Irrigation Equipment Inc. Patrick M. Chism 0695	I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Patrick M. Chism 0695	Department of Environmental Quality and/or the Mississippi l	Department of Phalth regulatio	ns and state laws.		
Patrick M. Chism 0695	Irrigation Equipment Inc.	1) 1	1		
Signature of Water Will Company		Takon			
	Print Name of Water Well Contractor and License No.	Signature	of Water Wall Contractor		

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10N 25 2007

State W	Tell Report For Office Use Only:				
	art 1				
	t of Environmental Quality Aquifer: und Water Resources Well #: 490				
Irrigation Equipment POF	and Water Resources Sox 10631 Well #: $\mathcal{L} - 90$				
Driller: Inchesn h	1S 39289-0631 L. S. Elevation:				
,	961-5210 4-6938 (fax) E-log #:				
(601)35	4-6938 (fax) E-log #:				
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name <u>Seward & Son Farms</u>	Latitude: 32 ° 58 ' 11.0 Longitude 90 32 ' 11.9				
Mailing Address: Box 266	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
Louise Ms. 39097 City State Zip Code	5E 1/4 SE 1/4 Sec 18 Twn 13N Rng 3W				
City State Zip Code	Distance Direction Nearest Town Miles E of Louise				
Telephone No. ()					
Well	Data				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:				
Date well drilling started: 5-12-07 Date	well drilling completed: 5-12-07				
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet above on below (circle one) land surface Date measured:5-14-07					
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth:	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 91 feet Casing diameter. 16 inches Type of casing: PVC Sch 40					
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch 40					
Screen slot size: • 050 inches Setting depth: From 92 feet to 131 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 applicables: 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 D					
Irrigation Equipment Inc.	PI -				
Patrick M. Chism 0695	atric				

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

6w41837
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	12
Cless	18	27
Clas	28	37
Clay	38	47
Medlum Sand.	48	57
Course Sand	58	47
A C D C C C	42	77
O C Par Can sal	70	87
Course Sand + Per Grave	ce	97
Course Send + Poa Grave	40	107
	106	115
Course Sand Gravel	1108	133
Course Sand	1110	//{ 4
Course Sand	128	134
		1
		<u> </u>
	<u> </u>	
	1	
	1	
	+	1
	+	-
	-	+

If more than one screen, show location of each on sketch

Sketch the p	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: <u>Seward + Son Farms</u>

Signature of Water Well Contractor

STATE WELL REPORT

	1	ell repuri			
county: Humphreys	_	Part 2 's Completion Report	For Office Use Only:		
Permit#: 6W41837	Mississippi Departme	nt of Environmental Quality and Water Resources	Aquifer:		
Driller:	P.O.	Box 10631	Well #: <u>1590</u>		
Date completed: 5-12-07	-	MS 39289-0631 1961-5210			
Dat compared. O /2 /		54-6938 (fax)	Elevation:		
This report should be prepared by the installation of pump.	,	ail and filed with the Departmen	nt within 30 days of the		
Well Owner Informati	ion	Wal	Location		
Owner Name: Sewand + Son		Latitude:	Longitude:		
Mailing Address: Box 266		Method of Lat/Long (circle on	d of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand	held GPS, Survey-grade GPS		
Louise Ms. City State	39097 Zip Code	<u>SE 45E 450 18</u>	7_Twn/3N Rng 3W		
		Distance Direction	Nearest Town		
Telephone No. ()		5 Miles E of	Louise		
T					
Pump Type Circle one			er Type rele one		
Air Lift Jet	Submersible	Diesel Engine Gasoline	Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):		
Other (specify):		Horse Power Rating of Motor:	40		
Date Pump Installed: 5-14-07		Setting Depth: 70 feet			
Rated Pump Capacity: 1800 ±	Gallons Per Minute	Number of Stages:	-		
Pump Test Data					
Date Well Tested:			suring Water Level cle one		
Static Water Level (A):Feet B		Air Line Electric Meass	uring Line Steel Tape		
Pumping Water Level (B):Feet Be		Other (specify):			
Drawdown [(B)-(A)]:Feet B	elow Land Surface	For flowing well, measured shu	t in head:feet		
Test Pumping Rate:G	allons Per Minute	Well yielded	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Patrick M. Chism 069		M.			
Print Name of Pump Installer and License No.		Signature of Pump Inst	aller		

