

L-90

### 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 #: 190  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: 41837  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-12-07

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>Seward &amp; Son Farms</u>	Latitude: <u>32° 58' 11.0</u> Longitude: <u>90 32' 11.9</u>
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): Conventional Survey, <u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louise</u> <u>Ms.</u> <u>39097</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>18</u> Twn <u>13N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Louise</u>
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: 35 feet above or below (circle one) land surface Date measured: 5-14-07

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

Hole depth: 131 Well depth: 131 Well grouted to a depth of 10 feet

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 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.

Patrick M. Chism  
Signature of Water Well Contractor

**RECEIVED**

41837

MAY 25 2007

YMD JOINT WATER  
MANAGEMENT DISTRICT

# State Well Report

## Part 1

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Office of Land and Water Resources  
P.O. Box 10631  
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For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L-90  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: OW 41837  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-12-07

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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<u>Louise</u> Ms. <u>39097</u>	<u>NE</u> <u>SE</u> ¼ Sec <u>18</u> Twn <u>13N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Louise</u>
Telephone No. ( ) _____	

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Static Water Level: 35 feet above or below (circle one) land surface Date measured: 5-14-07

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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

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	17
Clay	18	27
Clay	28	37
Clay	38	47
Medium Sand	48	57
Course Sand	58	67
Course Sand + Pea Gravel	68	77
Course Sand + Pea Gravel	78	87
Course Sand + Pea Gravel	88	97
Course Sand + Pea Gravel	98	107
Course Sand Gravel	108	117
Course Sand	118	127
Course Sand	128	137

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: Seward + Son Farms

  
Signature of Water Well Contractor

# 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: Humphreys  
 Permit #: OW 41837  
 Driller: \_\_\_\_\_  
 Date completed: 5-12-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L90  
 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>Seward + Son Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louise</u> <u>Ms.</u> <u>39097</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>18</u> Twn <u>13N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>E</u> of <u>Louise</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>5-14-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

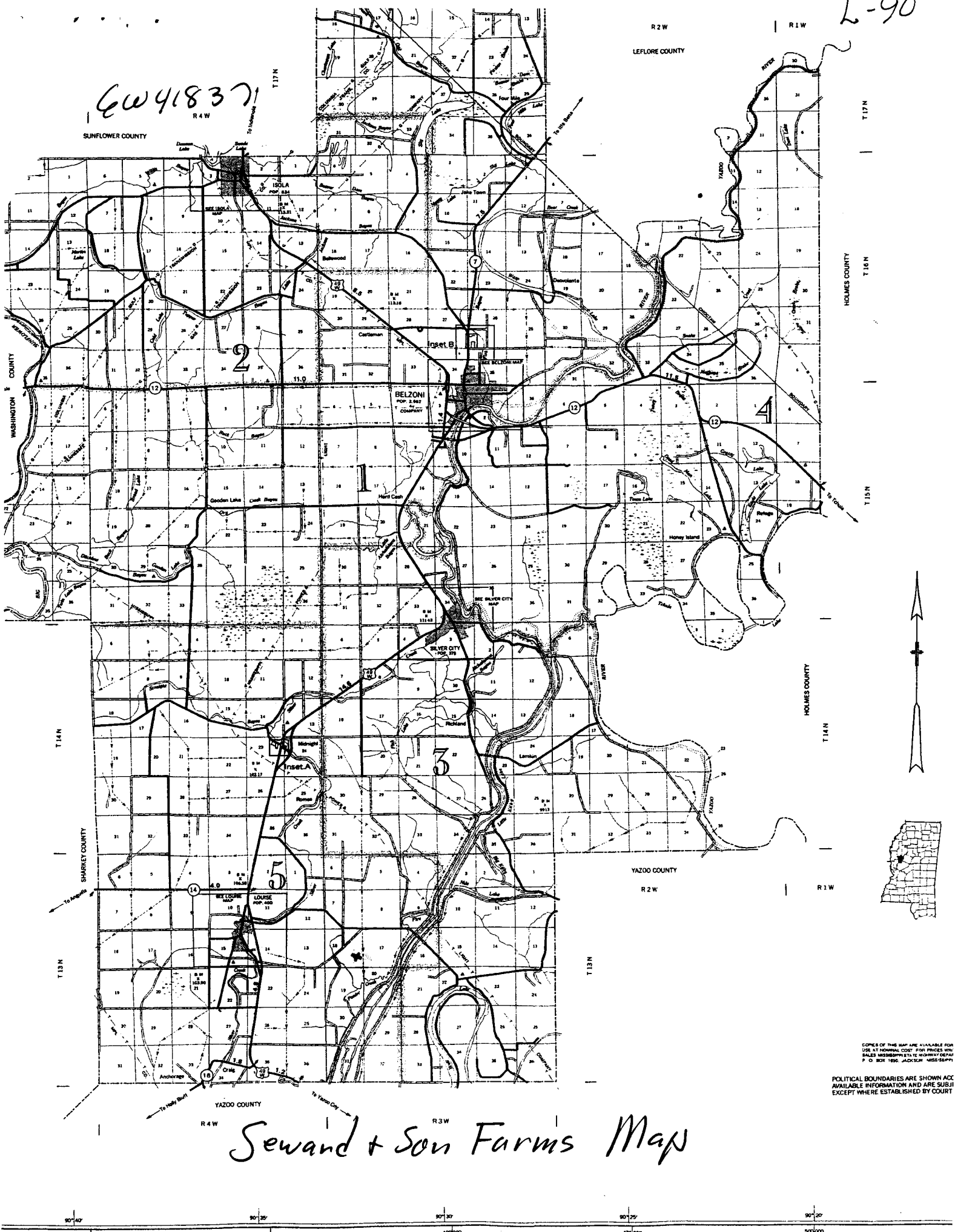
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ 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 Patame  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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# Seward + Son Farms Map

COPIES OF THIS MAP ARE AVAILABLE FOR USE AT NOMINAL COST FOR PRICES WHO SALES MISSISSIPPI TO WASHINGTON FOR MAP P. O. BOX 1850 JACKSON MISSISSIPPI

POLITICAL BOUNDARIES ARE SHOWN ACC AVAILABLE INFORMATION AND ARE SUBJECT EXCEPT WHERE ESTABLISHED BY COURT

90°40' 90°35' 90°30' 90°25' 90°20'

425000 450000 475000 500000