

ISSUED 5-9-05

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 #: G-35
L. S. Elevation: _____
E-log #: _____

County: Issaquena
Permit #: 4W 40041
Irrigation Equipment
Driller: _____
Date drilling completed: 4-18-05

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>Aden Farms</u>	Latitude: <u>32. 34. 55N.</u> Longitude: <u>90. 49. 45W.</u>
Mailing Address: <u>Box 150</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Valley Park, MS 39177</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 32 Twn 9N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 Miles South of Valley Park</u>

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other: MAY 05 2005

Date well drilling started: 4-18-05 Date well drilling completed: 4-18-05

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

Static Water Level: 5' feet above or below (circle one) land surface Date measured: 4-20-05

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

Hole depth: 117' Well depth: 117' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 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: 0.50 inches Setting depth: From See Back feet to _____ 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): _____

YMD JOINT WATER MANAGEMENT DISTRICT

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

5-9-05

FOR BENEFICIAL USE THE PUBLIC WATERS OF THE STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5202

This box is for office use only		FORM OLWR-AP-3 (REV 6/01)	
Issued: 5-9-05	Expires: 5-9-15	Fec Paid: 1425	Permit No. MS-GLW-40041
Lat. 32 34 55	Long 90 49 44	Elev. 96	USGS No.
Quad Flowerree	ASCS Farm No. 9	STAC.	MSDOH No.
Aquifer: M.R.V.A	Tract No.	YMD	Basin No.
Remarks:			Dam Inv. No.

YMD/AC

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. _____

THIS APPLICATION IS FOR (Circle one): GROUNDWATER COMPLETE A,B,E
SURFACE WATER - COMPLETE A, C, D, E

BENEFICIAL USE (Circle one or more): 1) Public Supply (Municipal, Rural Water Association, or Private Water System)

- 2) Irrigation 3) Industrial 4) Fish Culture 5) Recreation 6) Institutional (e.g. Church, School) 7) Commercial (e.g. Hotel, Casino, Restaurant)
- 8) Fire Protection 9) Livestock 10) Flood Protection 12) Wildlife Management
- 11) Other: _____

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SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: Carrie M. Ader Estate (Name) MAR 23 2005 (E-mail address)

Box 156 (Address) YMD JOINT WATER MANAGEMENT DISTRICT

Valley Park Ms 39177 (City) 601-636-7737 (Telephone No.) 601-636-7737 (Fax No.)

APPLICANT, AGENT OR LESSEE (if different from Landowner):

Ader Bros. Inc. (Name) _____ (E-mail address)

Box 156 (Address)

Valley Park Ms 39177 (City) 601-636-7737 (Telephone No.) _____ (Fax No.)

LOCATION of diversion/withdrawal point (A suitable map with location marked MUST accompany this application):

NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Section 32, Township 9N, Range 6W, County Issaquena

Does the land to which this application pertains have any source(s) of water other than that for which you are now applying (circle one)? YES NO

If yes, describe the nature and amount of any additional supply and, if applicable, list permit number. _____

SECTION B (to be completed for GROUNDWATER SOURCE)

1. AQUIFER: Alluvial MISSISSIPPI DEPARTMENT OF HEALTH NO.: _____

2. DESCRIPTION of proposed or completed well:

(a) Driller: Irrigation Equipment

(b) Proposed work will begin on (date) March 05 and will be completed by June 05

If well has already been drilled, when was well completed? _____

Under whose name was well originally drilled (if known)? _____

(c) Depth of well: 100 feet

(d) Surface Casing: Length 60 feet; Diameter 16 inches; Type PVC
(PVC, steel, stainless, black iron, other)

(e) Screen: Length 40 feet; Diameter 16 inches; Type PVC
(PVC, steel, stainless, open hole, other)

(f) Pump: Type turbine; Capacity 1400 (gallons per minute); Setting depth 50 feet
(submersible, turbine, jet, flowing, other)

(g) Power unit: Type diesel; Size _____ horsepower
(electric, tractor, diesel, gasoline, butane, other)

4. PERMITTED VOLUME:

(a) 341 acre-feet per year at a maximum of 1400 gallons per minute

(b) _____ million gallons per day at a maximum rate of _____ gallons per minute

(CONTINUED ON BACK)