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MAY 09 2008

State Well Report  
Part 1

BY: OLWR  
For Office Use Only:

County: Leflore  
 Permit #: OW 42473  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-29-08

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)

Aquifer: \_\_\_\_\_  
 Well #: B-130  
 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>New Hope Farms</u>	Latitude: <u>33° 46' 07.2"</u> Longitude: <u>90° 18' 47.9"</u>
Mailing Address: <u>c/o Wayne Bush</u>	Method of Lat/Long (circle one): <u>07</u> Conventional Survey, <u>48</u>
<u>49665 County Rd. 559</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater Ms. 38952</u>	<u>NE 1/4 SE 1/4 Sec 17</u> Twn <u>22N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 658-4650</u>	<u>2</u> Miles <u>NW</u> of <u>Minter City</u>

Well Data

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

Date well drilling started: 4-29-08 Date well drilling completed: 4-29-08

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 4-30-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 87 feet to 126 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

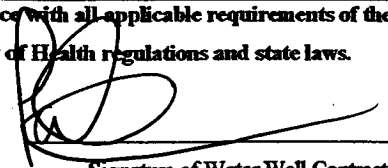
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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 

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If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	36
Fine Sand + Gravel	37	46
Medium Sand	47	56
Medium Sand + Gravel	57	126

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: New Hope Farms

*(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: Leflore  
Permit #: CL 42473  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 4-29-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-130  
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>New Hope Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Wayne Bush</u> <u>49665 County Rd. 559</u> <u>Schlater Ms. 38952</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 17 Twn 22N Rng 1W</u>
Telephone No. <u>(662) 658-4650</u>	Distance Direction Nearest Town <u>2 Miles NW of Minter City</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine    Gasoline Engine    Natural Gas <input type="checkbox"/> Electric Motor    Hand    Tractor PTO <input type="checkbox"/> Windmill    Other (specify): _____
Date Pump Installed: <u>4-30-08</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	Number of Stages: <u>1</u>

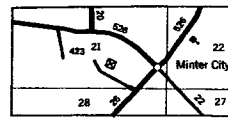
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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.

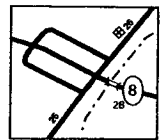
Patrick M. Chism    0695  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

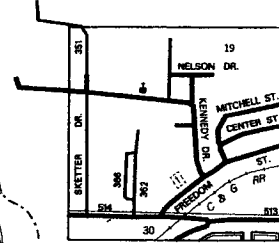
# New Hope Farms Map.



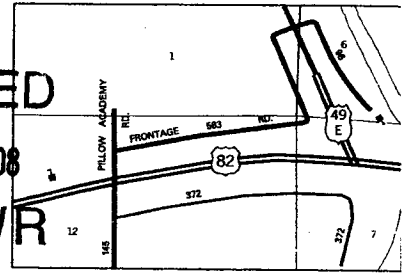
Inset A  
T 22 N R 1 W



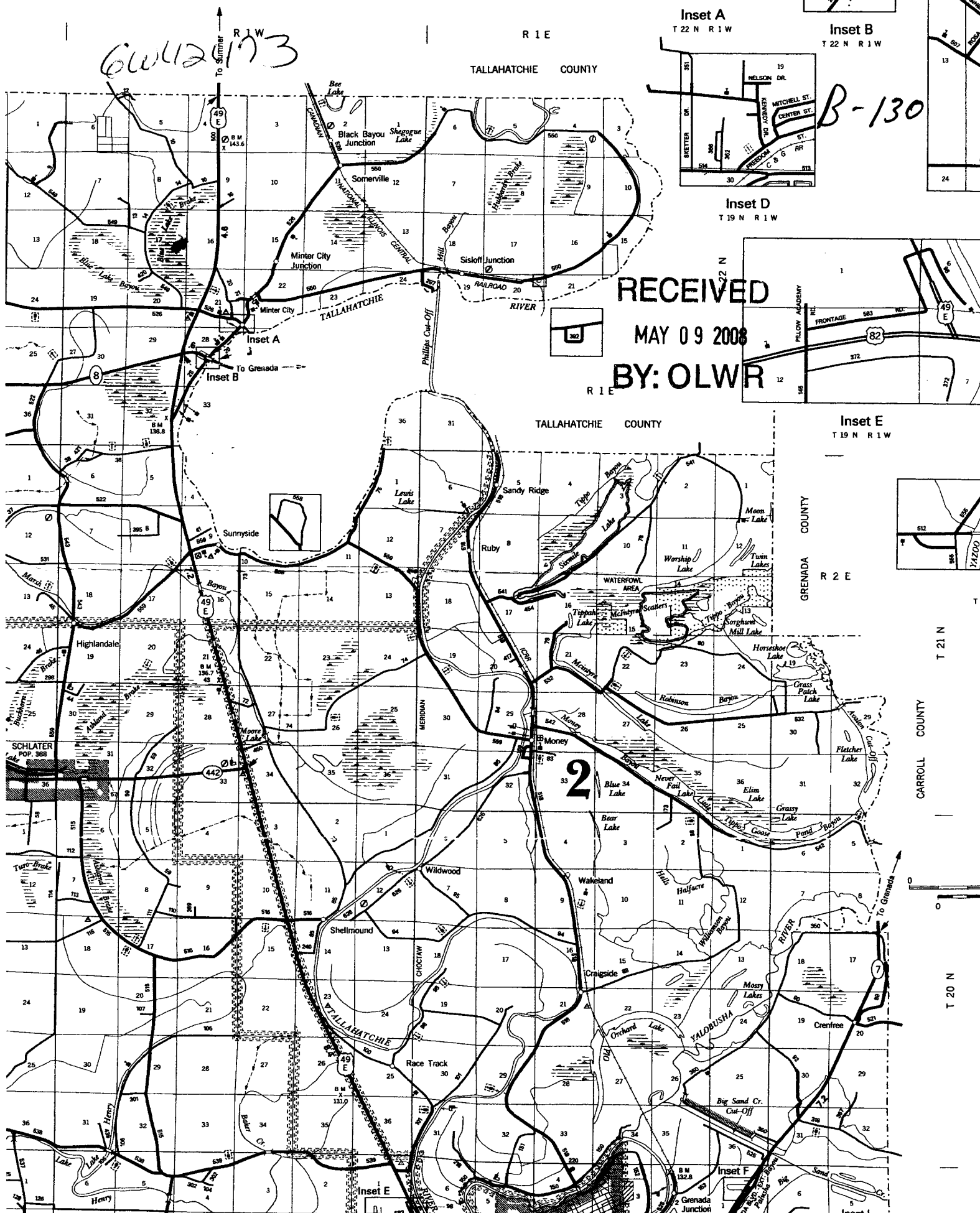
Inset B  
T 22 N R 1 W



Inset D  
T 19 N R 1 W



Inset E  
T 19 N R 1 W



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