

County: Leflore  
 Permit #: 41750  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-7-07

**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 #: C151  
 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**

Owner Name New Hope Farms  
 Mailing Address: 49665 County Road 559  
Schlater MS 38952  
 City State Zip Code  
 Telephone No. 662-658-4650

**Well Location**

Latitude: 33.40.52.4 Longitude: 90.22.25.4  
 Method of Lat/Long (circle one): 52 Conventional Survey, 25  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 NE 1/4 Sec 23 Twn 21N Rng 2W  
 Distance Direction Nearest Town  
2 Miles North of Schlater

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement  
 Date well drilling started: 4-7-07 Date well drilling completed: 4-7-07  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 45 feet above or below (circle one) land surface Date measured: 4-9-07  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 84 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 85 feet to 124 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

Patrick M Chism  
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Ref # 41750

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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 #: C-151
L. S. Elevation:
E-log #:

County: Leflore
Permit #: GW 41750
Irrigation Equipment
Driller:
Date drilling completed: 4-7-01

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: Owner Name New Hope Farms, Mailing Address 49665 County Road 559, Schlater MS 38952, Telephone No. 662-658-4650. Well Location: Latitude 33.40524, Longitude 90.22254, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 NE 1/4 Sec 23, Twn 21N, Rng 2W, Distance 3 Miles North of Schlater.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement, Date well drilling started: 4-7-07, Date well drilling completed: 4-7-07, Static Water Level: 45 feet above on below land surface, Date measured: 4-9-07, Method of Measurement (circle one) steel tape electric tape air line other, Hole depth: 124, Well depth: 124, Well grouted to a depth of 10 feet, Type of grout (circle one): Cement Bentonite Mix, Casing length: 84 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 85 feet to 124 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

Patrick M Chism (Signature)

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWF

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If well telescopes please sketch below and show depths.

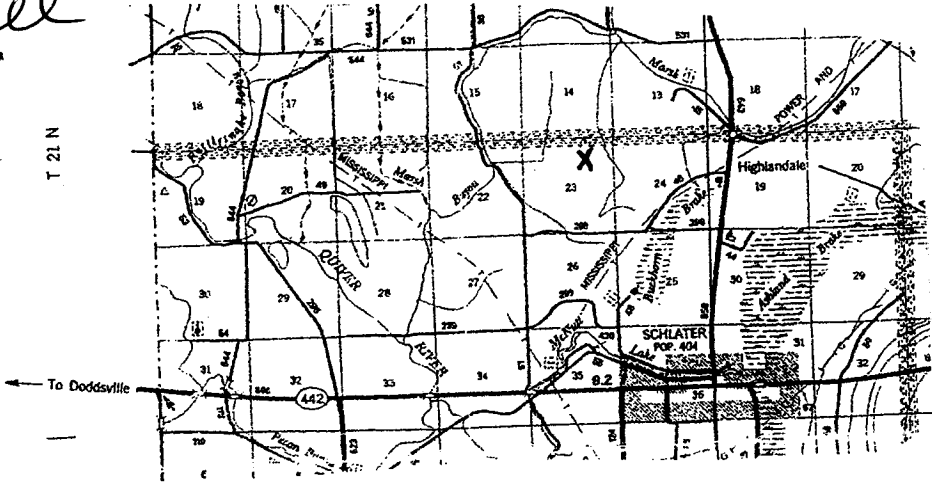
Ground Level

Description of Formations Encountered	From	To
CLAY	0	31
Fine Sand + gravel	32	48
medium Sand + gravel	49	124

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.

Old well  
15' SW



Landowner Name: \_\_\_\_\_

  
 \_\_\_\_\_  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: C-151

Elevation: \_\_\_\_\_

County: Leflore  
Permit #: 6W4175D  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 4-7-07

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> Mailing Address: <u>49665 County Road 559</u>  <u>Schlater MS 38952</u> City State Zip Code Telephone No. ( <u>662-658-4650</u> )	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>23</u> Twn <u>21N</u> Rng <u>2W</u> Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Schlater</u>

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>4-9-07</u> Rated Pump Capacity: <u>2800±</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>600</u> 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: _____ 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)

Patrick M. Chism  
Signature of Pump Installer

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BY: OLWF