

City: Leftore
 Permit #: LW 43340
 Irrigation Equipment
 Date drilling completed: 6-2-09

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 #: C163
 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>Seek Farms</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>16167 County Rd 516</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>Greenwood Ms. 38930</u>	<u>SE 1/4 NE 1/4 Sec 32 Twn 21N Rng 2W</u>		
City State Zip Code	Distance: <u>3</u> Miles	Direction: <u>W</u>	Nearest Town: <u>Schlater</u>
Telephone No. <u>662 299-8690</u>			

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Replacement

Date well drilling started: 6-2-09 Date well drilling completed: 6-2-09 bcw

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

Static Water Level: 53 feet above or below (circle one) land surface Date measured: 6-3-09 7166

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.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____

Signature of Water Well Contractor: John P. Chism

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JUL 07 2009

YMD JOINT WATER MANAGEMENT DISTRICT

DW # 43340

County: Leflore
 Permit #: _____
 Driller: Irrigation Equipment
 Date drilling completed: 6-2-09

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-103
 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>Seek Farms</u>	Latitude: <u>33° 38' 37"</u> Longitude: <u>90° 25' 14"</u>
Mailing Address: <u>16167 County Rd 516</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greenwood Ms. 38930</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 299-8690</u>	<u>SE 1/4 NE 1/4 Sec 32 Twn 21N Rng 2W</u>
	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Schlater</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement

Date well drilling started: 6-2-09 Date well drilling completed: 6-2-09

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

Static Water Level: 53 feet above or below (circle one) land surface Date measured: 6-3-09

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

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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.
John P. Chism 0439

Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor John P. Chism

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	46
Fine Sand & Gravel	47	60
Medium Sand & Gravel	61	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: _____

Seek Farms

John P. Chum
 Signature of Water Well Contractor

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 BY CLWR

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 #: _____
Irrigation Equipment
 Driller: _____
 Date completed: 6-2-09

For Office Use Only:

Aquifer: _____
 Well #: 0163
 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>Seek Farms</u>	Latitude: <u>33° 38' 37"</u> Longitude: <u>90° 25' 14"</u>
Mailing Address: <u>16167 County Rd 516</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood</u> Ms. <u>38930</u>	<u>SE 1/4 NE 1/4</u> Sec <u>32</u> Twn <u>21N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 299-8690</u>	<u>3</u> Miles <u>W</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): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>6-3-09</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2200 ±</u> Gallons Per Minute	Setting Depth: <u>80</u> feet
	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.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MISSISSIPPI
 DEPARTMENT OF ENVIRONMENTAL QUALITY

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SUNFLOWER

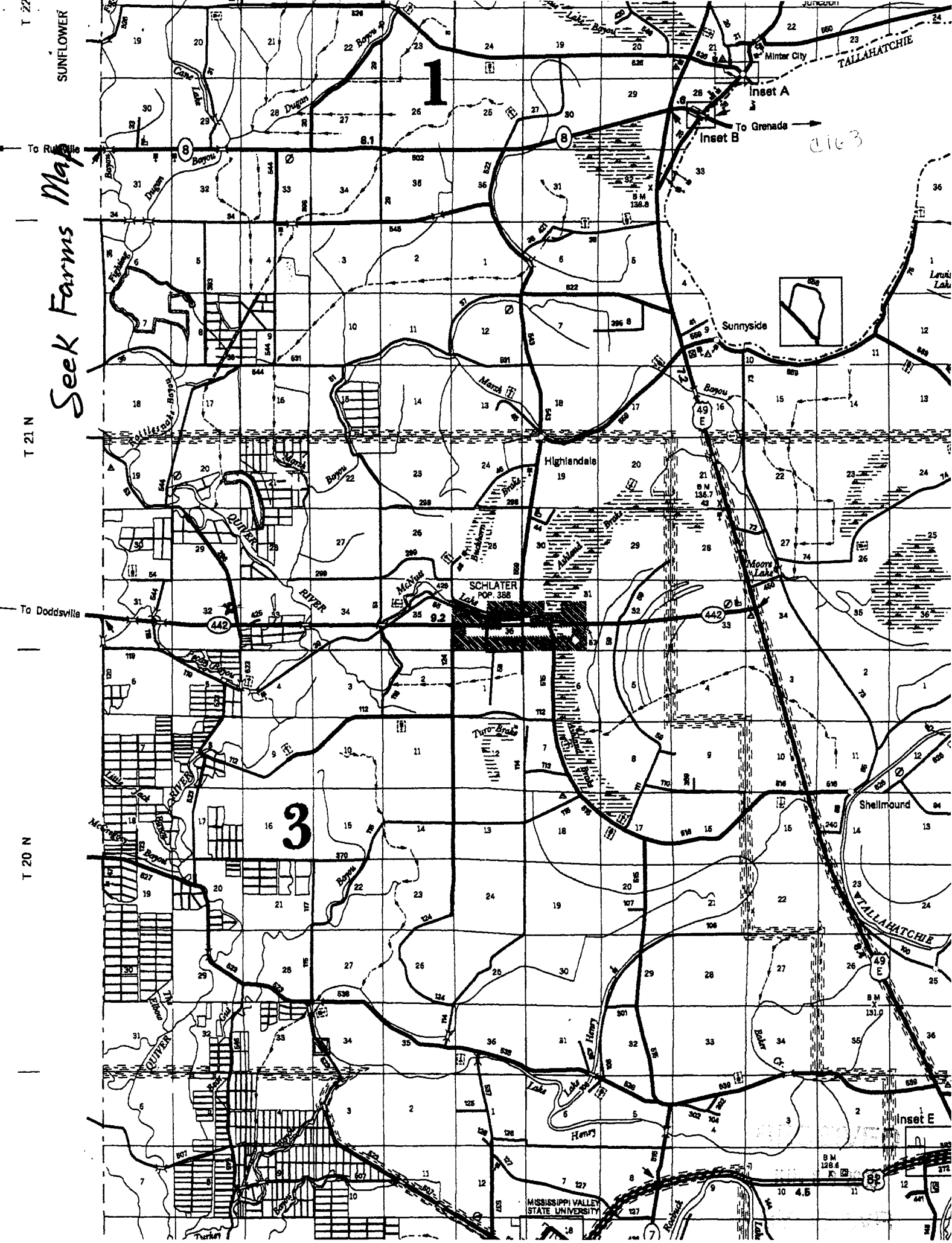
Seek Farms Map

T 21 N

T 20 N

To Rutledge

To Doddsville



1

Minter City

Inset A

To Grenada

C163

Sunnyside



Highendale

SCHLATER
POP. 385

Shellmound

Inset E

MISSISSIPPI VALLEY
STATE UNIVERSITY

B.M. 128.6