

42274

County: Leflore  
 Permit #: 42274  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 11-17-07

**State Well Report**  
 Part I  
 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:  
 Acquirer: \_\_\_\_\_  
 Well #: D193  
 L. S. Elevator: \_\_\_\_\_  
 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>33.41.50.0</u> Longitude: <u>90.20.35.5</u>
Mailing Address: <u>C/O Wayne Bush</u>	Method of Well Log (circle one): <u>Conventional Survey</u>
<u>49665 County Rd. 559</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Schlater Ms. 38952</u>	<u>SE 1/4 SW 1/4 Sec 7 Twp 21N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 658-4650</u>	<u>3 Miles N of Schlater</u>

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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other DEC 10 2007

Date well drilling started: 11-17-07 Date well drilling completed: 11-17-07 JOINT WATER MANAGEMENT DISTRICT

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

Static Water Level: 39 feet above of below (circle one) land surface Date measured: 11-19-07

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

Hoist depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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 law.

Irrigation Equipment Inc.  
 Patrick M. Chism 0695

*[Signature]*

**State Well Report  
Part I**

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 #: 06042274  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 11-17-07

For Office Use Only

Aquifer: \_\_\_\_\_  
 Well #: D-193  
 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>33.41.50</u> Longitude: <u>90.20.35.5</u>
Mailing Address: <u>C/O Wayne Bush</u> <u>49665 County Rd. 559</u> <u>Schlater Ms. 38952</u>	Method of Leveling (circle one): <u>50</u> Conventional Survey, <u>35</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 7 Twp 21N Rng 1W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Schlater</u>
Telephone No. <u>(662) 658-4650</u>	

**Well Data**

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

Date well drilling started: 11-17-07 Date well drilling completed: 11-17-07

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

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix \_\_\_\_\_

Casing length: 87 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 88 feet to 127 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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 Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Irrigation Equipment Inc.  
Patrick M. Chism 0695

*(Signature)*

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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D-193

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	37
Fine Sand + Gravel	38	49
Medium Sand + Gravel	50	124
Clay	125	127

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

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 BY: OLWR

Patricia  
 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:

Agency: \_\_\_\_\_

Well #: D-193

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

County: Leflore  
 Report #: 60040004  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 11-17-07

This report should be prepared by the pump installer in detail and filed with the Department within 36 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> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 7 Twa 21N Rng 1W</u>
Telephone No. <u>(662) 658-4650</u>	Distance Direction Nearest Town <u>3 Miles N of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>11-19-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800<sup>±</sup></u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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  
 Print Name of Pump Installer and License No. (if applicable)

Patrick M. Chism  
 Signature of Pump Installer

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BY: OLWR

# New Hope Farms Map

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D-193

TALLAHATCHIE COUNTY

TALLAHATCHIE

ROAD INDEX

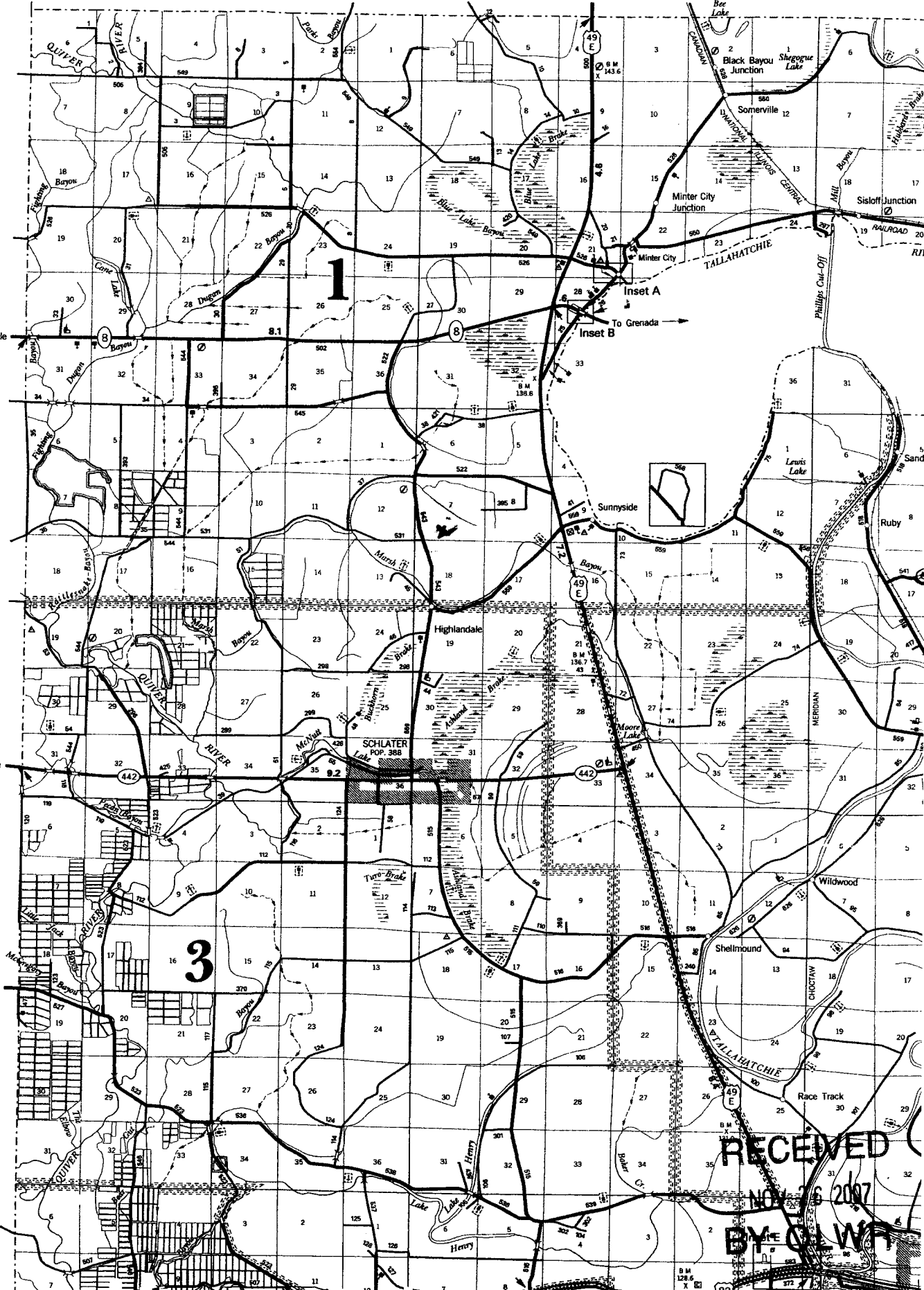
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SUNFLOWER COUNTY



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