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riga	ion Equipment	
	letel: 11-19-08	

## 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:	•
Aquifor:	
Well #: D-196	
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 Location Well Owner Information " Longitude: Method of Lat/Long (circle one): Conventional Survey, Mailing Addres USGS quad, Hand-held GPS, Survey-grade GPS NE 45W4 800 34 TWA 21N RAE 858-4650 Telephone No. (662) Well Data Industrial Public Supply (Irrigation) **Fish Culture** Purpose of Well (circle one) Home Date well drilling completed: Date well drilling started: \_\_ If flowing, method of flow regulation: Valve Other (describe) feet above of below (kircle one) land surface Date measured: Static Water Level: Method of Measurement (circle one) steel tape electric tane Well grouted to a depth of Bentonite) Mix Type of grout (circle one): Type of casing: Type of screen: Screen length: Setting depth: From Type of completion (circle all applicable): Gravel packed Underroamed Telescoped Open hole Natural Development Other (describe): foot. If telescoped or more than one screen, describe on back of page Top of lap pipe or reduction in casing: Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running and constructed, and completed in accordance with all applicable requirements of the Mississippi 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 ture of Water Well Contracto Print Name of Water Well Contractor and License No.

42942

DEC 04 2008

State Well Report For Office Use Only:					
County: Leflore P	Part 1				
Permit #: /	Mississippi Department of Environmental Quality				
Transcription Foreign Office of Land a	nd Water Resources	Well#: D- 196			
Driller: Iackson M	P.O. Box 10631 Jackson, MS 39289-0631				
1	961-5210	L. S. Elevation:			
	4-6938 (fax)	E-log #:			
State I aw requires that this menor he was and her the	3-111				
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	ith the Department within			
Well Owner Information	Well	Location			
Owner Name New Hope Farms	l	" Longitude 10 . 17 . 23 "			
Mailing Address: C/o Wayne Bush	Method of Lat/Long (circle or				
: 49665 County Rd 559	USGS quad, Hand-held	GPS, Survey-grade GPS			
Schlaten Me 38957	NE 45W4 800 34	1 Twn 2/N Rng 1 W			
Schlaten Ms. 38952 City State Zip Code	Distance Direction	Nearest Topyn			
Telephone No. (662) 858 - 4650		ot <u>Jehlaler</u>			
Well I	Data				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	04			
11 10		Other:			
•	vell drilling completed:	1-19-08			
If flowing, method of flow regulation: Valve Other (d	escribe)				
Static Water Level: 28 feet above of below (circle one) l	and surface Date measured:_	11-20-08			
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 foot			
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 87 feet Casing diameter: 12	_inches Type of casing:	PVC			
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC.					
Screen slot size:					
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					

Ground Level

64.43942

From	To
0	19
スカ	<b>47</b>
28	49
50	127
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	From 0 20 28 50

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: <u>New Hope Farms</u>

Signature of Water Well Contractor

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DEC 0 : 2008

BY: OLWR

## STATE WELL REPORT

Leflore Irrigation Equipment 

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 #: D - 196		
Elevation:	•	

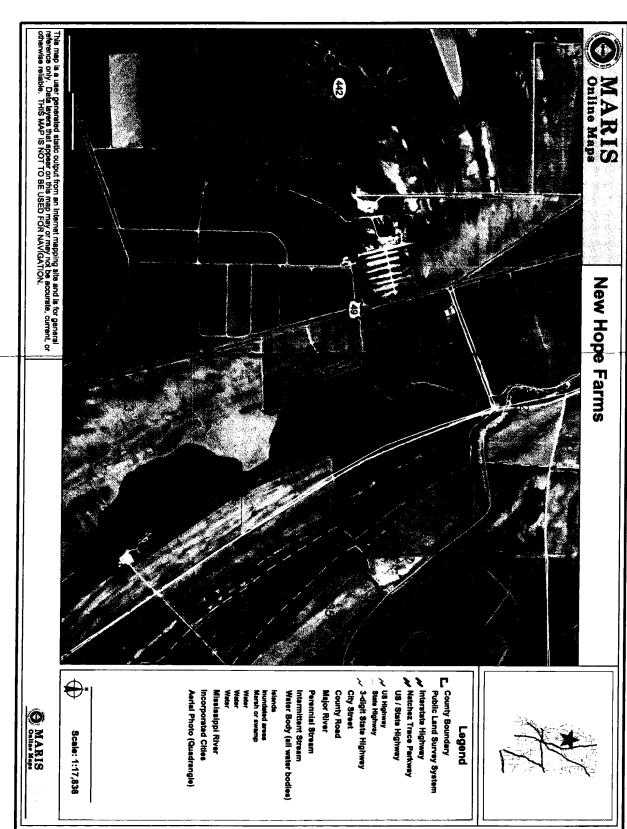
This report should be prepared by the pump installer in dinstallation of pump.	etail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: New Hope Farms	Latitude: Longitude:
Mailing Address: Co Wayne Bush	Method of Lat/Long (circle one): Conventional Survey,
49665 County Rd 559	USGS quad, Hand-held GPS, Survey-grade GPS
Schlater Ms. 38952 City State Zip Code	NE 45W 4 Sec 34 Twn 21N Rng 1W
· · · · · · · · · · · · · · · · · · ·	Distance Direction Nearest Town
Telephone No. 662) 658-4650	3 Miles E of Schlater
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas

Pump Type Circle one		Power Type Circle one			
Air Lift	Jet	Submerzible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	g of Motor: 3	2
Date Pump Installed: _	11-2	20-08	Setting Depth:	70	foot
Rated Pump Capacity:		Number of Stages:		<u>.                                    </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	Air Line Electric Measuring Line Steel Tape  Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate: Gallons Per Minute  Duration of Pump Test (minimum 4 hours): hours	Well yieldedGPM with a drawdown ofhours of pumping		

	· · · · · · · · · · · · · · · · · · ·		į.
I HEREBY CERTIFY that the ab	ove statements are true to the	best of my knowledge.	
John P. Chism	0439	12 2	<b>-</b> ,
Print Name of Pump Installer and	License No. (if applicable)	Signature of Pump Ins	taller
,			

## 6w42942



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BY: OLWF.