

# 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)

County: Leflore  
Permit #: GW423A2  
Driller: Irrigation Equipment  
Date drilling completed: 1-15-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E-89  
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° 39' 04.9"</u> Longitude: <u>90° 12' 47.0"</u>
Mailing Address: <u>49665 County Rd. 559</u>	Method of Lat/Long (circle one): <u>05</u> Conventional Survey, <u>47</u>
<u>Schlater Ms. 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 29 Twn 21N Rng 1E</u>
Telephone No. <u>(662) 658-4650</u>	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Money</u>

**Well Data**

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

Date well drilling started: 1-15-08 Date well drilling completed: 1-15-08

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 1-16-08

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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. Chim 0695

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor Patrick M. Chim

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E-89

If well telescopes please sketch below and show depths.

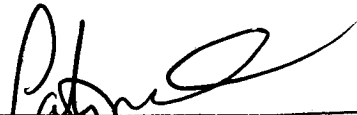
Ground Level

Description of Formations Encountered	From	To
Clay	0	24
Fine Sand	25	40
Fine Sand + Gravel	41	51
Medium Sand + Gravel	52	120

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 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 #: \_\_\_\_\_  
 Driller: Irrigation Equipment  
 Date completed: 1-15-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-89  
 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
Telephone No. <u>(662) 658-4650</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>29</u> Twn <u>21N</u> Rng <u>1E</u>
	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Money</u>

Pump Type Circle one	Power Type Circle one
Air Lift            Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket            Piston            Turbine	<u>Electric Motor</u> Hand            Tractor PTO
Centrifugal      Rotary            Flowing Well	Windmill            Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>1-16-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150±</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      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.

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

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# New Hope Farms Map

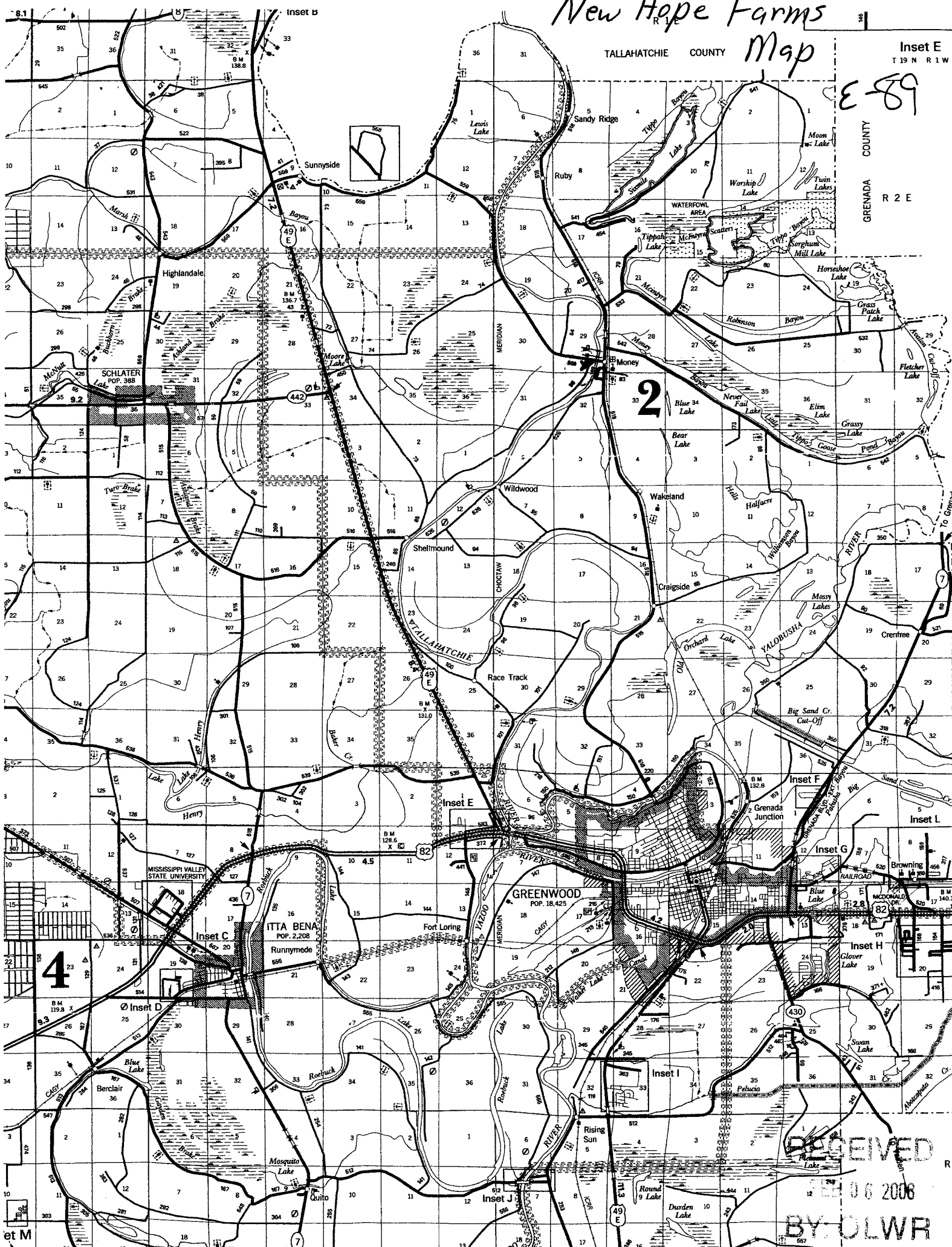
TALLAHATCHIE COUNTY

Inset E  
T 19 N R 1 W

E-89

GRENADA COUNTY

R 2 E



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