

# 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 #: G-128  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: 60041531  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 2-17-07

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.

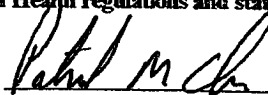
Well Owner Information	Well Location
Owner Name: <u>New Hope Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>49665 County Road 559</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Schlater MS 38952</u>	NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>7</u> Twn <u>20N</u> Rng <u>1W</u>
City State Zip Code <u>662-658-4650</u>	Distance Direction Nearest Town <u>2 Miles South of Schlater</u>
Telephone No. (____)	

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply  Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 2-17-07 Date well drilling completed: 2-17-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 42' feet above or  below (circle one) land surface Date measured: 2-19-07  
Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement  Bentonite Mix  
Casing length: 75 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 76 feet to 115 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



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR



# 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 #: GW41531  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 2-17-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-128  
 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>49665 County Road 559</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Schlater MS 38952</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 7 Twn 20N Rng 1W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 Miles South of Schlater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>2-19-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 Patrick M Chism  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAR 12 2007  
 BY: OLWR