

DAVID Hodges

# 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 #:	<u>N121</u>
L. S. Elevation:	_____
E-log #:	_____

Permit #:	<u>LE FLORE</u>
Driller:	<u>J. NEWCOME 0-773</u>
Date drilling completed:	<u>4-08-08</u>

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>BEAR CREEK FARMS, INC</u>	Latitude:	<u>33. 25. 08"</u> Longitude: <u>090. 20. 54"</u>
Mailing Address:	<u>PO DAVID HODGES</u>	Method of Lat/Long (circle one):	Conventional Survey.
	<u>1116 County Road 280</u>	USGS quad:	<u>Hand-held GPS</u> Survey-grade GPS
City:	<u>ITTA BENA, MS</u>	Section:	<u>NW 1/4 SW 1/4 Sec 18</u>
State:	<u>MS</u>	Township:	<u>18N</u>
Zip Code:	<u>38941</u>	Range:	<u>1W</u>
Telephone No:	<u>(601)-254-2859</u>	Distance:	<u>5</u> Miles
		Direction:	<u>SW</u>
		Nearest Town:	<u>ITTA BENA</u>

Well Data	
Purpose of Well (circle one):	Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____
Date well drilling started:	<u>4-08-08</u> Date well drilling completed: <u>4-08-08</u>
If flowing, method of flow regulation:	Valve _____ Other (describe) _____
Static Water Level:	_____ feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one):	steel tape electric tape air line other: _____
Hole depth:	<u>112</u> Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one):	Cement <u>Bentonite</u> Mix
Casing length:	<u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>Pvc</u>
Screen length:	<u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>Pvc</u>
Screen slot size:	<u>.050</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet
Type of completion (circle all applicable):	<u>Gravel packed</u> 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):	<u>No log run</u> 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.

JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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MAY 14 2008

YMD JOINT WATER MANAGEMENT DISTRICT

42483

DAVID Hodges

# 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 #: 0042483  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 4-08-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-121  
 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>BEAR CREEK FARMS, INC.</u>	Latitude: <u>33° 25' 08"</u> Longitude: <u>090° 20' 54"</u>
Mailing Address: <u>40 DAVID HODGES</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>1116 County Road 280</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: <u>ITTABENA</u> State: <u>MS</u> Zip Code: <u>38941</u>	<u>NW 1/4 SW 1/4</u> Sec. <u>18</u> Twn <u>18N</u> Rng <u>1W</u>
Telephone No: <u>(601)-254-7857</u>	Distance <u>5</u> Miles Direction <u>SW</u> of Nearest Town <u>ITTA BENA</u>

### Well Data

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

Date well drilling started: 4-08-08 Date well drilling completed: 4-08-08

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 112 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 110 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.

JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

John Newcome  
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)

For Office Use Only:
Aquifer: _____
Well #: <u>N-121</u>
Elevation: _____

County: <u>LEFLORE</u>
Permit #: <u>EW42483</u>
Driller: <u>J. NEWCOMB-773</u>
Date completed: <u>4-08-08</u>

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>BEAR CREEK FARM, INC</u>	Latitude: <u>33-25-08</u> Longitude: <u>090-20-54</u>
Mailing Address: <u>C/O DAVID THORGE</u> <u>1116 COUNTY ROAD 280</u> <u>ITTA BENA, MS. 38941</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SW 1/4 Sec 18 Twn 18N Rng 1W</u>
Telephone No: <u>662-254-7877</u>	Distance: <u>5</u> Miles <u>SW</u> of <u>ITTA BENA</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: 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>4-20-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NO TEST</u> 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.

GLEN ROUS #710P  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

State Well Report

Part 1

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(601)354-6938 (fax)

For Office Use Only:

Aquifer:
Well #: H15K
L.S. Elevation:
E-log#:

Owner: Leflore
Permit #: 42103
Irrigation Equipment
Date drilling completed: 8-2-07

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: Owner Name Teoc and Company, Mailing Address 991 County Rd 188, Greenwood Ms. 38930, Telephone No. (662) 453-8319. Well Location: Latitude 33° 33' 36.7", Longitude 90° 05' 57.6", Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4 Sec 29 Twn 20N Rng 2E, Distance 4 Miles NE of Greenwood.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement, Date well drilling started: 8-2-07, Date well drilling completed: 8-2-07, Static Water Level: 14 feet above or below (circle one) land surface, Date measured: 8-3-07, Method of Measurement (circle one) steel tape electric tape air line other, Hole depth: 97 Well depth: 97 Well grouted to a depth of 10 feet, Type of grout (circle one) Cement Bentonite Mix, Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC, Screen length: 37 feet Screen diameter: 16 inches Type of screen: PVC, Screen slot size: .050 inches Setting depth: From See back feet to 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): YMD JOINT WATER MANAGEMENT DISTRICT

I certify that the well was drilled, constructed, and completed in accordance with all applicable regulations 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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