

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: Sharkey
Permit #: 6W 42535
Irrigation Equipment
Driller: _____
Date drilling completed: 5-21-08

For Office Use Only:
Aquifer: _____
Well #: B-103
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>Seward & Harris Planting</u>	Latitude: <u>33.01 005</u> Longitude: <u>90.42 55.0</u>
Mailing Address: <u>Box 249</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise</u> City <u>Ms.</u> State <u>39097</u> Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 33 Twn 14N Rng 5W</u>
Telephone No. () _____	Distance <u>6</u> Miles Direction <u>NE</u> of Nearest Town <u>Anguilla</u>

Well Data

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

Date well drilling started: 5-21-08 Date well drilling completed: 5-21-08

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 5-22-08

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 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: _____

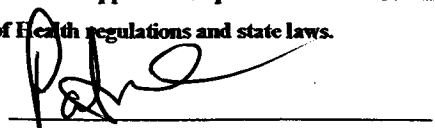
Name of organization running log(s): _____

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 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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JUN 09 2008

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: Sharkey
 Permit #: GW 42535
 Irrigation Equipment
 Driller: _____
 Date completed: 5-21-08

For Office Use Only:

Aquifer: _____
 Well #: B-103
 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.

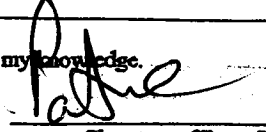
Well Owner Information	Well Location
Owner Name: <u>Seward & Harris Planting</u> Mailing Address: <u>Box 249</u> <u>Louise</u> <u>Ms.</u> <u>39097</u> <small>City State Zip Code</small> Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 33 Twn 14N Rng 5W</u> Distance Direction Nearest Town <u>6 Miles NE of Anguilla</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-22-08</u> Rated Pump Capacity: <u>2800 ±</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</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 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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R 6 W

R 5 W

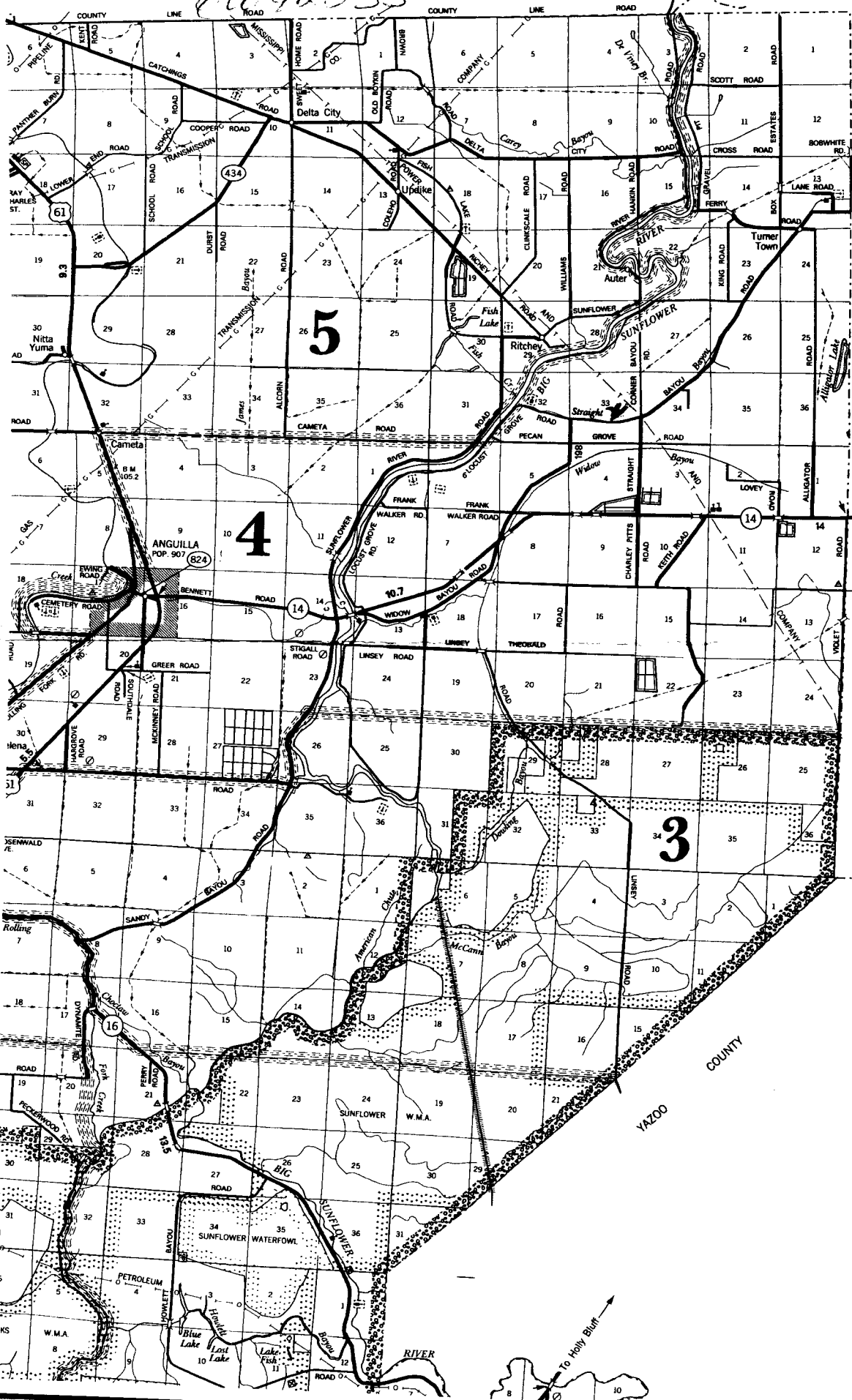
WASHINGTON COUNTY

Seward & Harris Planting Map

ROADS AND ROADWAY

0142535

B-103



- UNIMPROVED ROAD -----
- GRAVEL ROAD -----
- PAVED ROAD -----
- UNDIVIDED HIGHWAY -----
- DIVIDED HIGHWAY -----
- INTERSTATE SYSTEM -----
- CITY STREETS -----

- HIGHWAY BRIDGE -----
- BRIDGE 50 FEET AND OVER -----
- DRAWBRIDGE -----
- FERRY (FREE OR TOLL) -----
- HIGHWAY GRADE SEPARATION -----
- HIGHWAY INTERCHANGE -----

- ROAD SYSTEM DESIGN -----
- INTERSTATE NUMBERED -----
- U.S. NUMBERED -----
- STATE NUMBERED -----

- RAILROADS -----
- RAILROAD STATION -----
- GRADE CROSSING -----
- RAILROAD ABOVE -----
- RAILROAD BELOW -----

- AIRPORTS -----
- MILITARY AIRPORT -----
- AIRPORT, LIMITED FACILITIES -----
- LANDING AREA OR STRIP -----
- (INCLUDING PRIVATE AIR FIELDS) -----
- AIRPORT, COMPLETE FACILITIES -----
- AIRWAY LIGHT BEACON -----

- DRAINAGE AND NATURAL -----
- NARROW STREAM -----
- DRAINAGE DITCH -----
- LAKES AND RESERVOIRS -----
- OVERFLOW LAND -----
- MARSH OR SWAMP LAND -----

- BOUNDARIES -----
- STATE BOUNDARY -----
- COUNTY BOUNDARY -----
- BEAT LINE -----
- CONGRESSIONAL TOWNSHIP -----
- SECTION LINE -----
- NATIONAL OR STATE FOREST -----
- RESERVATION, PARKS ETC -----
- URBAN AREA COMPACT -----
- INCORPORATED PLACES -----
- UNINCORPORATED DELIMITED AREAS -----

T 14 N
 COUNTY
 HUMPHREYS
 T 13 N
 T 12 N

To Louise

To Holly Bluff

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