

County: Sharkey
 Permit #: 6W42687
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-26-08

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:
 Aquifer: _____
 Well #: D-38
 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 + Son Farms</u>	Latitude: <u>32° 59' 41" N</u> Longitude: <u>90° 35' 31.4" W</u>
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Louise</u> Ms. <u>39097</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 12 Twn 13N Rng 5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>9</u> Miles <u>E</u> of <u>Anguilla</u>

Well Data

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

Date well drilling started: 6-26-08 Date well drilling completed: 6-26-08

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 6-28-08

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

Hole depth: 118 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 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 79 feet to 118 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.

Department of Environmental Quality and/or the Mississippi Department of Health
 Irrigation Equipment Inc
 Patrick M. Chism 0695

[Signature]

RECEIVED

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor JUL 18 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 #: 60W 42687
 Irrigation Equipment
 Driller:
 Date completed: 6-26-08

For Office Use Only:

Aquifer:
 Well #: D-38
 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.

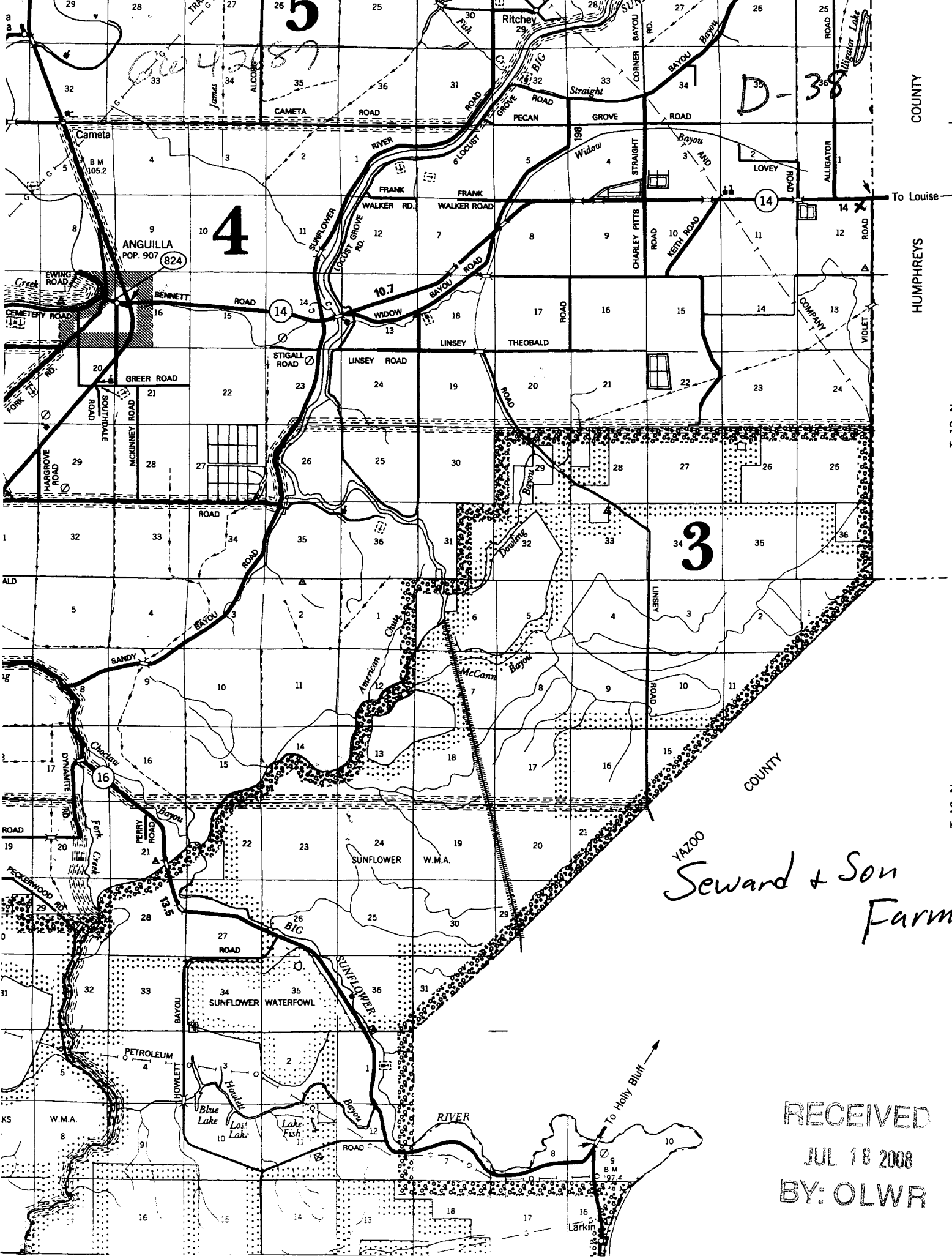
Well Owner Information	Well Location
Owner Name: <u>Seward + Son Farms</u> Mailing Address: <u>Box 266</u> <u>Louise Ms 39097</u> <small>City State Zip Code</small> Telephone No. ()	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>NE ¼ NE ¼ Sec. 12 Twn 13N Rng 5W</u> Distance Direction Nearest Town <u>9 Miles E of Anguilla</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-28-08</u> Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</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	Air Line Electric Measuring Line 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

RECEIVED
 JUL 18 2008
 BY: OLWR



4287

D-38

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Seward & Son Farm

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JUL 16 2008
BY: OLWR

CALCASIEU PARISH

HUMPHREYS COUNTY

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T 12 N

VERMILION PARISH

IBERVILLE PARISH

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26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

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ANGUILLA POP. 907

WALKER RD. WALKER ROAD

LINSEY ROAD

STIGALL ROAD

SUNFLOWER RIVER

BIG BAYOU

WIDOW BAYOU

FRANK GROVE ROAD

PECAN GROVE ROAD

STRAIGHT ROAD

WALKER RD.

WALKER ROAD

WIDOW BAYOU

STRAIGHT ROAD

CHARLEY PITTS ROAD

KEY ROAD

ALLIGATOR ROAD

LOVEY ROAD

ANGUILLA

GREER ROAD

STIGALL ROAD

LINSEY ROAD

THEOBALD ROAD

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