

State Well Report

Part 1

County: Sharkey
Permit #: GW43341
Irrigation Equipment
Driller: _____
Date drilling completed: 6-24-09

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 #: D44
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 & Sen Farms</u>	Latitude: <u>32° 59' 38"</u> Longitude: <u>90° 39' 49"</u>
Mailing Address: <u>Box 266</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louise</u> <u>Ms.</u> <u>39097</u> City State Zip Code	<u>NW</u> <u>NE</u> <u>SE</u> <u>SW</u> <u>12</u> <u>13N</u> <u>5W</u> Section Township Range
Telephone No. () _____	Distance <u>9</u> Miles Direction <u>E</u> of Nearest Town <u>Anguilla</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-24-09</u> Date well drilling completed: <u>6-24-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or <u>below</u> (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>127</u> Well depth: <u>127</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>87</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>87'</u> feet to <u>127</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.	
Irrigation Equipment Inc. John P. Chism 0439	
Print Name of Water Well Contractor and License No.	<u>John</u> Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

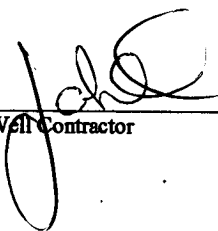
Ground Level _____

Description of Formations Encountered	From	To
Clay	0	52
Medium Sand + Gravel	54	127

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: Seward + Son 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: Sharkey
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date completed: 6-24-09

For Office Use Only:

Aquifer: _____
 Well #: DA4
 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.

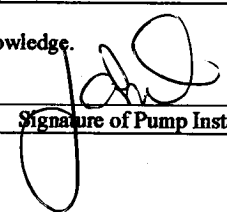
Well Owner Information	Well Location
Owner Name: <u>Seward + Son Farms</u> Mailing Address: <u>Box 266</u> <u>Louise Ms. 39097</u> <small>City State Zip Code</small>	Latitude: <u>32° 59' 38"</u> Longitude: <u>90° 39' 49"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW ¼ NE ¼ Sec 12 Twn 13N Rng 5W</u> Distance Direction Nearest Town <u>9 Miles E of Anguilla</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>6-25-09</u>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	Setting Depth: <u>60</u> feet
	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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

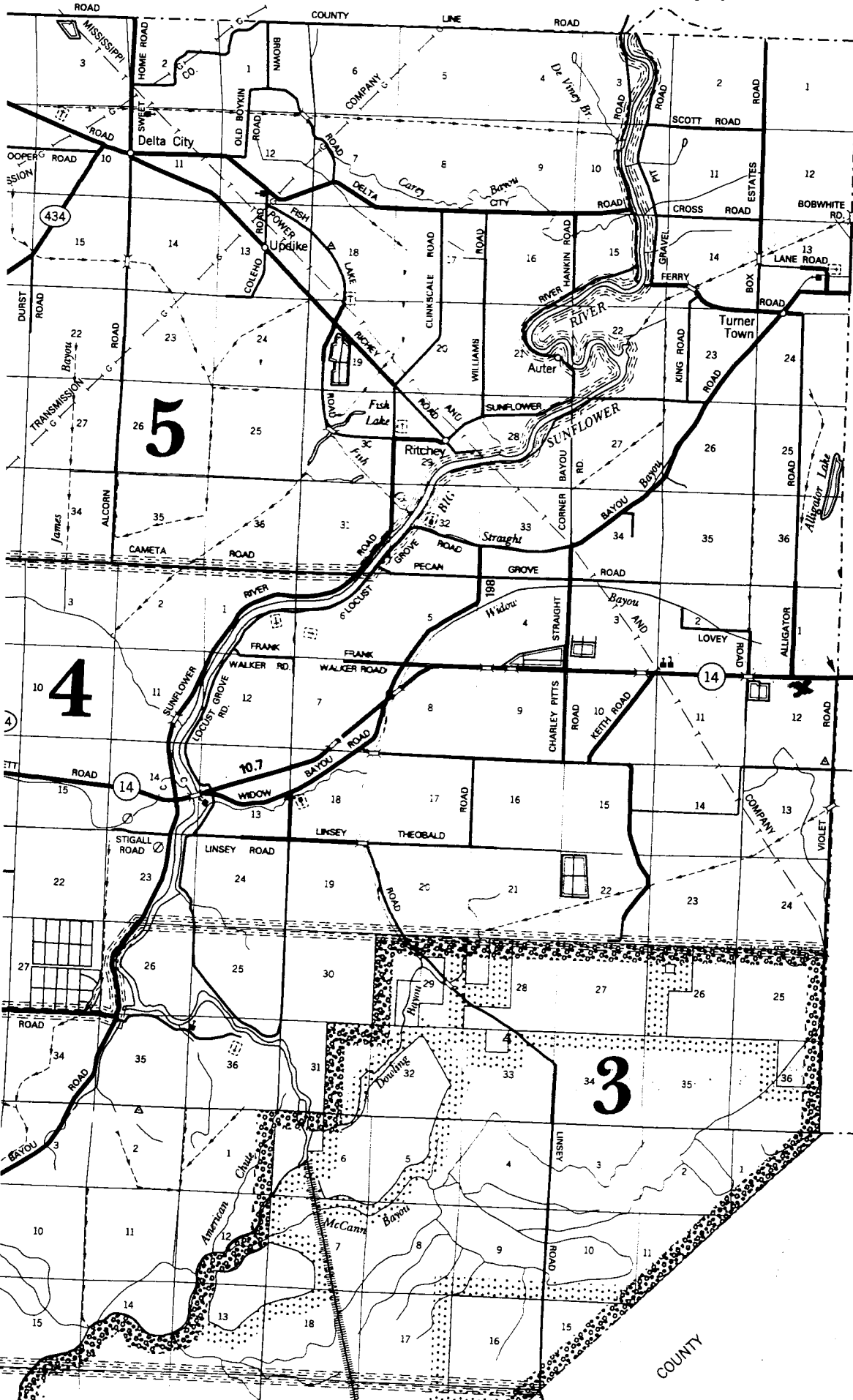
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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Seward + Son Farms



D44

T 14 N

COUNTY

HUMPHREYS

T 13 N

COUNTY

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

- HIGH

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

- INTERSTATE NUMBERED - - - - -
- U.S. NUMBERED - - - - -
- STATE NUMBERED - - - - -

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

- MILITARY AIRPORT - - - - -
- AIRPORT LIMITED FACILITIES - - - - -
- LANDING AREA OF STRIP (INCLUDING PRIVATE) - - - - -
- AIRPORT COMPLETE FACILITIES - - - - -
- AIRWAY LIGHT BEACON - - - - -

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

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

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