

# 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 #: F90

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: 42474  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-30-08

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>Agostinelli Farms</u>	Latitude: <u>34° 17' 10.1</u> Longitude: <u>90° 25' 45.3</u>
Mailing Address: <u>P.O. Box 59</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lyon</u> <u>Ms.</u> <u>38645</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>17</u> Twn <u>28N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Jonestown</u>
Telephone No. <u>662-645-6901</u>	

**Well Data**

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

Date well drilling started: 4-30-08 Date well drilling completed: 4-30-08

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 5-2-08

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 Pat

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42474

YMD JOINT WATER  
MANAGEMENT DISTRICT

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State Well Report MAY 09 2008

County: Coahoma  
 Permit # 6042474  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 4-30-08

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 #: F-90  
 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>Agostinelli Farms</u>	Latitude: <u>34° 17' 10.1</u> Longitude: <u>90° 25' 45.3</u>
Mailing Address: <u>P.O. Box 59</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lyon</u> <u>Ms.</u> <u>38645</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 17</u> Twn <u>28N</u> Rng <u>2W</u>
Telephone No. <u>662 645-6901</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Jonestown</u>

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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 Patrick M. Chism



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STATE WELL REPORT BY: OLWR  
Part 2

County: Cochung  
 Permit #: 00042474  
 Irrigation Equipment  
 Driller:  
 Date completed: 4-30-08

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 #: F-90  
 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>Agostinelli Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 59</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lyon</u> <u>Ms.</u> <u>38645</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>17</u> Twn. <u>28N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 645-6901</u>	<u>2</u> Miles <u>SE</u> of <u>Jonestown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-2-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200±</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	

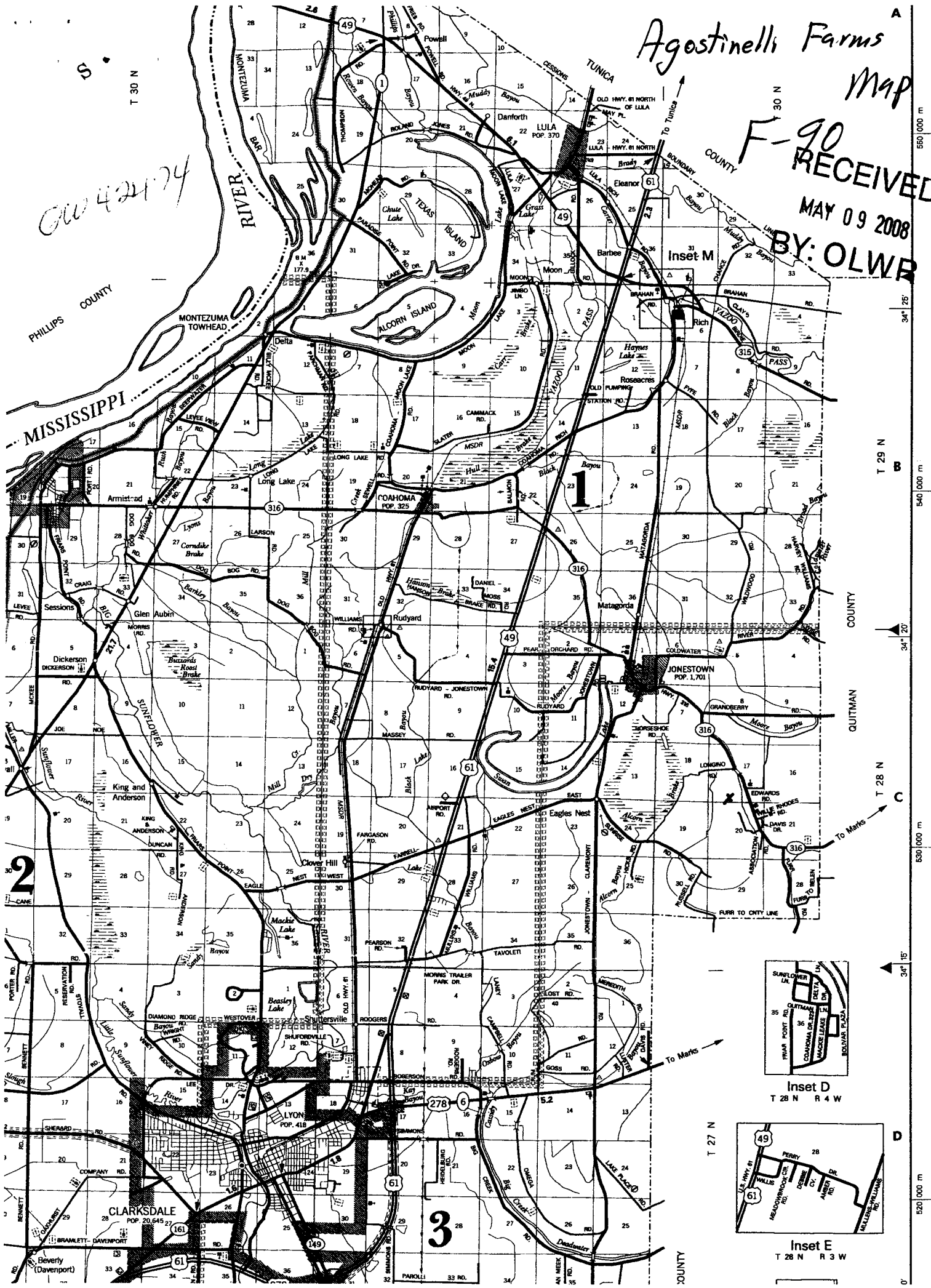
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable) Patrick M. Chism  
 Signature of Pump Installer

# Agostinelli Farms Map

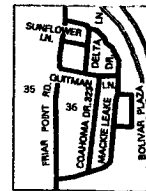
F-90 RECEIVED  
MAY 09 2008  
BY: OLWR

OLW 42474

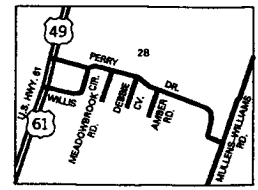


2  
CANE

3



Inset D  
T 28 N R 4 W



Inset E  
T 28 N R 3 W

560 000 m  
540 000 m  
520 000 m

T 30 N  
T 29 N  
T 28 N

D

D