State Well Report					
County: <u>Coahoma</u> Part 1 – 1	Oriller's Log For Office Use Only:				
Permit #:Gw - 44085   Mississippi Departmen	nt of Environmental Quality Aquifer: 78				
	Box 2309 Well #:				
Jackson	n, MS 39225				
	961- 5210 L. S. Elevation:				
	E-log#:				
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.					
Information on Well Owner	Well or Borehole Location				
(Landowner if borehole is not for a water well)					
Owner Name Agostinelli Farms	Latitude: 34 ° 13 '57.0" Longitude: 90 °36 '41.7				
Mailing Address: P.O. Box 59	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS Survey-grade GPS				
Lyon Ms. 38645 City State Zip Code	NE 1/2 NE 1/4 Sec 9 Twn 27N Rng 4W				
· · · · · ·	Distance Direction Nearest Town  Miles Ww of Clarks da le				
Telephone No. ()					
Well / Bore	hole Data				
Date drilling started: 42210 Date drilling completed: 4221	0 Hole depth: 126 Hole diameter: 20"				
Location of the source of any surface water used for drilling: See Method of dosing and volume of Chlorine used in drilling and devel	urface Water				
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):					
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump				
Seismic Survey Other (describe  If drilling is not related to water well construction	)				
Purpose of Well (check one): Home Industrial Public Supply	Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: ValyeO	ther (describe)				
Static Water Level: 23 feet above of below circle one) l	and surface Date measured: 4-28-10				
Method of Measurement (circle one) steel tape electric tape	air line other:				
	of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 86 feet Casing diameter: 12	_inches Type of casing: $PVC$				
Screen length: 40 feet Screen diameter: 12	inches Type of screen: PVC				
Screen slot size: Setting depth: From	87 feet to 126 feet				
Type of completion (circle all applicable): Gravel packed Under	reamed 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 next page					
	Form: OLWR-SWR-1A (04/08)				

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round Level		Description of Formations Encountered	From (depth)	Γο (de
	· · · · · · · · · · · · · · · · · · ·	Clay	Ground Level	
	•	Fine Sand	2/	3
		Fire Sand + Gravel	39	3
		Medium Sand+ Grave	- 3/z	7-
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the property layout and	include the following: 1) the e well; 3) any roads, power l	ch e well location; 2) any permanent structures on the ines, or other items that may aid in locating the p	ne property that may property and the well	•
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the property layout and aid in locating th	include the following: 1) the e well; 3) any roads, power l	e well location; 2) any permanent structures on tines, or other items that may aid in locating the p	property and the well	;
the property layout and aid in locating the 4) a north arrow.	include the following: 1) the ewell; 3) any roads, power l	e well location; 2) any permanent structures on tines, or other items that may aid in locating the p	property and the well	;
the property layout and aid in locating the 4) a north arrow.	include the following: 1) the ewell; 3) any roads, power l	e well location; 2) any permanent structures on tines, or other items that may aid in locating the p	property and the well	;
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the property layout and aid in locating the 4) a north arrow.	include the following: 1) the ewell; 3) any roads, power l	e well location; 2) any permanent structures on tines, or other items that may aid in locating the p	property and the well	;

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state 0695

Print Name of Responsible Licensee and License No.

Patrick M. Chism

Date

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the

Signature of Licensee

MAY 0.5 2010

Form: OLWR-SWR-1A (04/08)

<u> </u>						
C = 1	STATE WELL I	REPORT	7 07 -			
County: Loghoma	Part 2		For Office Use Only:			
Permit #: 6W-44085	Pump Installer's Completion Report		Aquifer:			
Irrigation Equipment   "	Mississippi Department of Environmental Quality Office of Land and Water Resources		0 1 10			
Driller:	P.O. Box 2309		Well #:			
Date completed: 4-22-10	Jackson, MS 39225		Elevation:			
Corn information Asset Mark as P. 1	(601)961-5210		Elevation;			
Copy information from block on Part 1	(601)961-5228 (	ax)				
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the						
The will be the second parts file will	th the Department at the abo	ve address within 30 c	davs of well completion.			
well Owner Information			ell Location			
Owner Name: Agostinelli Fa	rms I	1				
	Latitud	ıe:	_ Longitude:			
Mailing Address: P.O. Box 59			one): Conventional Survey,			
<u> </u>	USGS	quad , Hand-held	GPS, Survey-grade GPS			
/ you Me	28/45 45					
Lyon Ms. City State	Zip Code /VE	_¼ <u>/VŁ</u> ¼ Sec_	9 T27NR 4W			
Telephone No. (	Distance	e Direction	of Clarksdale			
Telephone No. ()	<u></u>	_Miles _/VW_c	of Clarksdale			
Pump Type		-				
	ł	Po	Wer Type			
Circle one			ower Type Circle one			
Circle one	omersible Diesel					
Circle one Air Lift Jet Sub	mersible Diesel	Engine Gasoli	Circle one ne Engine Natural Gas			
Air Lift Jet Sub Bucket Piston Tur	Dieser	Engine Gasolii  Motor Hand	Circle one ne Engine Natural Gas			
Air Lift Jet Sub Bucket Piston Tur	bine Electric wing Well Windm	Engine Gasolii  Motor Hand  ill Other	Circle one ne Engine Natural Gas Tractor PTO (specify):			
Air Lift Jet Substitute Substitute Jet Substitute Substitute Piston Ture Centrifugal Rotary Floo	bine Electric wing Well Windm Horse I	Engine Gasoli  Motor Hand  ill Other  cower Rating of Motor	Circle one ne Engine Natural Gas  Tractor PTO  (specify):			
Air Lift Jet Substitute Substitute Jet Substitute Subst	bine Electric wing Well Windm Horse I	Engine Gasolii  Motor Hand  ill Other	Circle one ne Engine Natural Gas  Tractor PTO  (specify):			
Air Lift Jet Substitute Substitute Jet Substitute Substitute Piston Ture Centrifugal Rotary Floo	wing Well Windm Horse I	Engine Gasoli  Motor Hand  ill Other  cower Rating of Motor	Circle one ne Engine Natural Gas  Tractor PTO  (specify):			
Air Lift Jet Substitute Substitute Jet Substitute Substitute Piston Ture Centrifugal Rotary Floor Other (specify):  Date Pump Installed: 4-28-10  Rated Pump Capacity: 1400  Gallet	wing Well Windm Horse I	Engine Gasoli  Motor Hand  ill Other  Power Rating of Motor  Depth:	Circle one ne Engine Natural Gas  Tractor PTO  (specify):  TO			
Air Lift Jet Substitute Substitut	wing Well Windm Horse I	Engine Gasoling Motor Hand ill Other Power Rating of Motor Depth: Tof Stages:  Method of Me	Circle one ne Engine Natural Gas  Tractor PTO  (specify):  TO feet  Casuring Water Level			
Air Lift Jet Substitute Substitut	bine Electric wing Well Windm Horse I Setting ons Per Minute Numbe	Engine Gasoli  Motor Hand  ill Other  Power Rating of Motor  Depth:  r of Stages:  Method of Me	Circle one ne Engine Natural Gas  Tractor PTO  (specify):			
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Air Lift Jet Substance Jet Jet Substance Jet Jet Jet Jet Jet Jet Jet Jet Jet Je	bine Electric wing Well Windm Horse I Setting ons Per Minute Numbe  W Land Surface v Land Surface	Engine Gasoli  Motor Hand  ill Other  Power Rating of Motor  Depth:  r of Stages:  Method of Me  Electric Mea  specify):  ving well, measured shelded	Circle one ne Engine Natural Gas  Tractor PTO  (specify):			
Air Lift Jet Substitute Substitut	bine Electric wing Well Windm Horse I Setting ons Per Minute Numbe  W Land Surface v Land Surface	Engine Gasoli  Motor Hand  ill Other  Power Rating of Motor  Depth:  r of Stages:  Method of Me  Electric Mea  specify):  ving well, measured shelded	Circle one ne Engine Natural Gas  Tractor PTO  (specify):			

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

Form: OLWR-SWR-16 (07-09)

Replacement of Existing Pump

Repair of Existing Pump

This is for (circle one):

New Well

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