

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 #: K85
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Permit #: GW41729
Irrigation Equipment
Driller: _____
Date drilling completed: 4-3-07

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: _____ Longitude: _____
Mailing Address: <u>Box 59</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LYON MS 38645</u>	<u>NE 1/4 SE 1/4 Sec 15 Twn 27N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>3 Miles EAST of Lyon</u>

Well Data

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

Date well drilling started: 4-3-07 Date well drilling completed: 4-3-07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 4-4-07

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 12 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC 160

Screen slot size: .050 inches Setting depth: From 83 feet to 122 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: Patrick M. Chism

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YMD JOINT WATER MANAGEMENT DISTRICT

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Office of Land and Water Resources
P.O. Box 10631
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County: Coahoma
Permit #: GW 41729
Irrigation Equipment
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<u>LYON MS 38645</u>	<u>NE 1/4 SE 1/4 Sec 15 Twn 27N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3 Miles EAST of Lyon</u>

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Irrigation Equipment Inc.
Patrick M. Chism 0695

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWF

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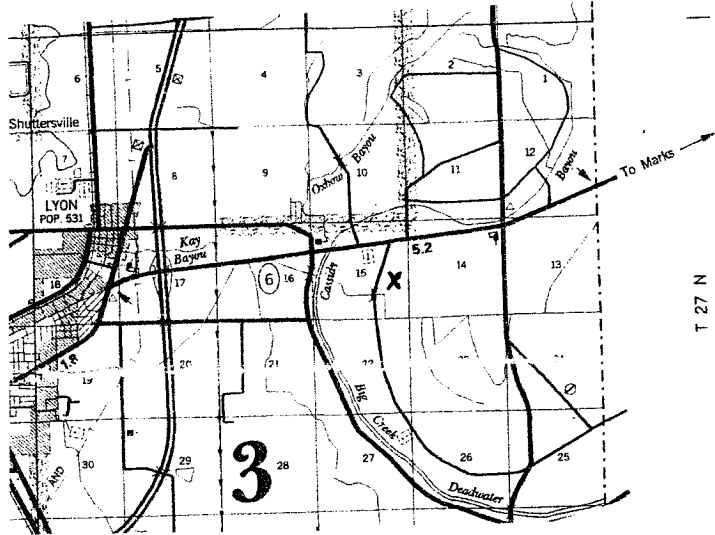
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	25
Fine sand	26	45
medium sand	46	65
Coarse sand	66	95
Coarse sand + gravel	96	115
Coarse sand	116	122

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: _____

Patricia M. C. E.

 Signature of Water Well Contractor

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: Coahoma
 Permit #: 6W41729
 Irrigation Equipment
 Driller: _____
 Date completed: 4-3-07

For Office Use Only:

Aquifer: _____
 Well #: K-85
 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>Box 59</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Lyon MS 38645</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>27N</u> Rng <u>3W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>EAST</u> of <u>Lyon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>4-4-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1400±</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 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 24 2007

BY: OLWR