

State Well Report

Part I

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 #: K-93
L. S. Elevation:
E-log #:

County: Coahoma
Permit #: GW42265
Irrigation Equipment
Driller:
Date drilling completed: 10-8-07

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: Agostinelli Farms, P.O. Box 59, Lyon Ms. 38645
Well Location: Latitude: 34.12.28.4, Longitude: 90.29.18.3, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4 Sec 15 Twn 27N Rng 3W, Distance: 4 Miles East of Clarksdale

Well Data: Old well 20' East
Purpose of Well: Irrigation, Replacement
Date well drilling started: 10-8-07, Date well drilling completed: 10-8-07
Static Water Level: 26 feet above or below land surface, Date measured: 10-11-07
Method of Measurement: steel tape
Hole depth: 117, Well depth: 117, Well grouted to a depth of: 10 feet
Type of grout: Bentonite
Casing length: 77 feet, Casing diameter: 12 inches, Type of casing: PVC
Screen length: 40 feet, Screen diameter: 12 inches, Type of screen: PVC
Screen slot size: .035 inches, Setting depth: From 78 feet to 117 feet
Type of completion: Gravel packed
Top of lap pipe or reduction in casing:
Logs run: No log run

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YMD JOINT WATER MANAGEMENT DISTRICT

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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: [Signature]

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State Well Report

Part I

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
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For Office Use Only:

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Well #: K-93
L. S. Elevation: _____
E-log #: _____

County: Coahoma
Femil #: GW42265
Irrigation Equipment
Driller: _____
Date drilling completed: 10-8-07

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: <u>34.12.28.4</u> Longitude: <u>90.29.18.3</u> |
| Mailing Address: <u>P.O. Box 59</u> | Method of Lat/Long (circle one): <u>28</u> Conventional Survey, <u>18</u> |
| <u>Lyon</u> <u>Ms.</u> <u>38645</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SE 1/4 Sec 15</u> Twn <u>27N</u> Rng <u>3W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>4</u> Miles <u>East</u> of <u>Clarksdale</u> |

Well Data Old Well 20' East

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

Date well drilling started: 10-8-07 Date well drilling completed: 10-8-07

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

Static Water Level: 26 feet above of below (circle one) land surface Date measured: 10-11-07

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Beutonic Mix

Casing length: 77 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 78 feet to 117 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

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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: Coghoma
 Permit #: 6W 42265
 Irrigation Equipment
 Driller: _____
 Date completed: 10-8-07

For Office Use Only:

Acquirer: _____
 Well #: K-93
 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): <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>NE 1/4 SE 1/4 Sec. 15 Twn 27N Rng 3W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>4 Miles East of Clarksdale</u> |

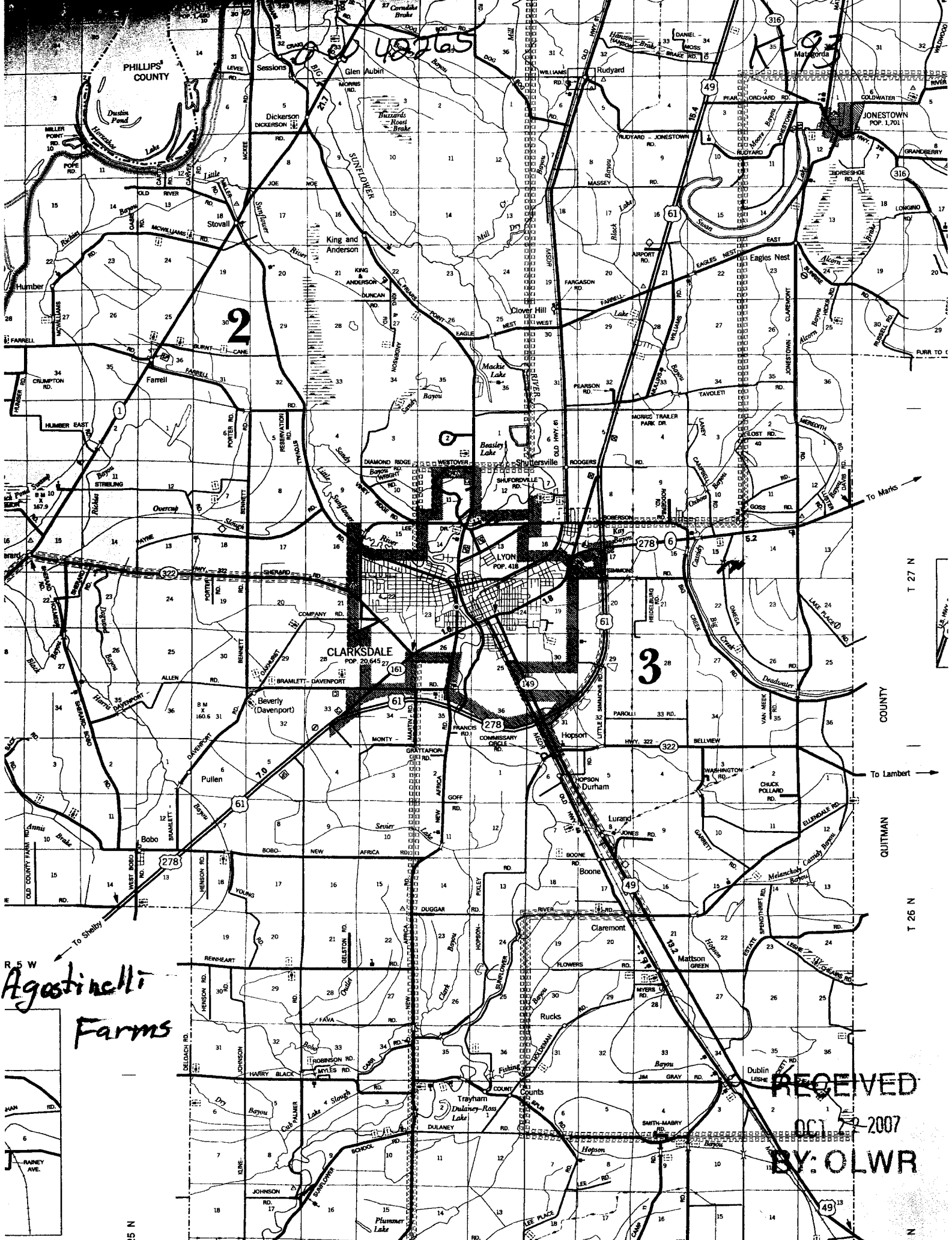
| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>40</u> |
| Date Pump Installed: <u>10-11-07</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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| 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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR



R 5 W
Agostinelli Farms

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BY: OLWR

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PHILLIPS COUNTY
QUITMAN COUNTY

PHILLIPS COUNTY

CLARKSDALE
POP. 20,645

LYON
POP. 418

JONES TOWN
POP. 1,701

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Lyon

K93

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