

County: Coahoma  
 Permit #: 7777745  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 7-16-08

**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 #: M-113  
 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>Mattson Farms</u>	Latitude: <u>34° 05' 35.3"</u> Longitude: <u>90° 30' 04.8"</u>
Mailing Address: <u>P.O. Box 69</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dublin</u> <u>Ms.</u> <u>38739</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>27</u> Twn <u>26N</u> Rng <u>3W</u>
Telephone No. ( )	NW SW Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>Dublin</u>

Well Data Old well 12" steel 20' west

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

Date well drilling started: 7-16-08 Date well drilling completed: 7-16-08

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

Static Water Level: 20 feet above of below (circle one) land surface Date measured: 7-16-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 87 feet to 126 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: [Signature]

Lockett well + pump contracted with us to drill 4/16/08  
Lockett will set pump.  
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 BY: OLWR

AG 42745

M-113

If well telescopes please sketch below and show depths.

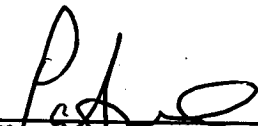
Ground Level

Description of Formations Encountered	From	To
Clay	0	39
Fine Sand	40	56
Medium Sand + Gravel	57	100
Medium Sand + Gravel	101	126

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: Mattson Farms

  
 Signature of Water Well Contractor

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# STATE WELL REPORT

County: Coahoma  
 Permit #: 000127465  
 Driller: Irrigation Equip.  
 Date completed: 7/16/08  
*Copy information from block on Part 1*

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-113  
 Elevation: \_\_\_\_\_

*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 report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

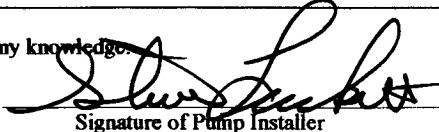
Well Owner Information	Well Location
Owner Name: <u>Mattson Farms</u>	Latitude: <u>34 05 35.3</u> Longitude: <u>90 30 04 8</u>
Mailing Address: <u>PO Box 69</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Dublin, MS 38739</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>27</u> T <u>26N</u> R _____
Telephone No. <u>(662) 624-5412</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>Dublin</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>40</u>
Date Pump Installed: <u>7/18/08</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>1800</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.

Steve Luckett 0-721P  
 Print Name of Pump Installer and License No. (if applicable)

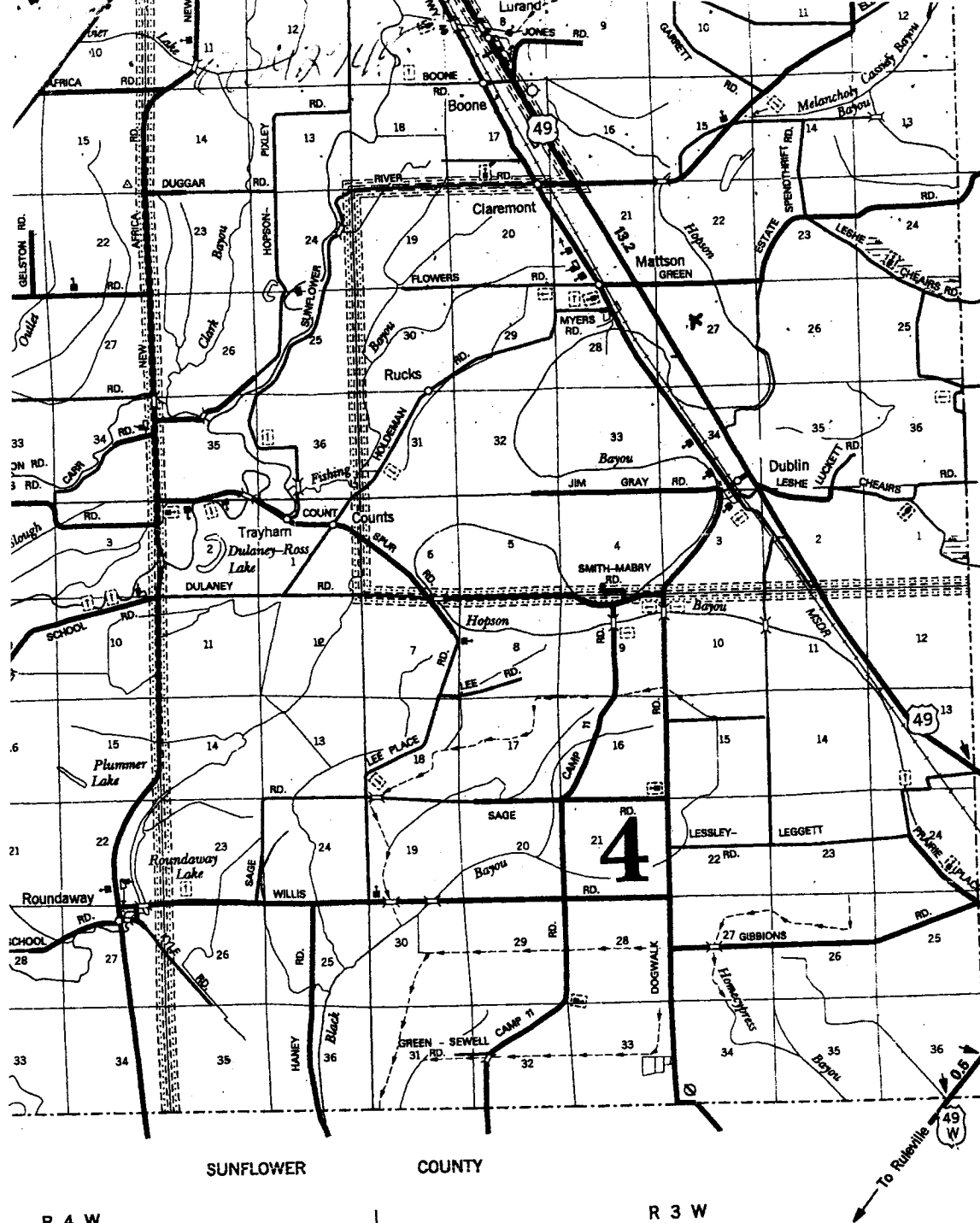
  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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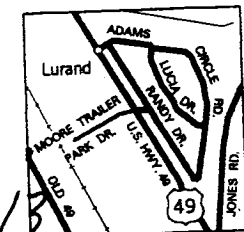
BY: OLWR



QUITMA

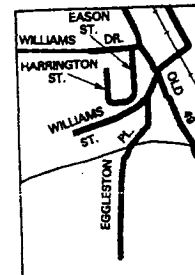
T 27 N R 3 W

T 26 N



**Inset I**  
T 26 N R 3 W

M-115



**Inset J**  
T 26 N R 3 W



**Inset K**  
T 25 & 26 N R

SUNFLOWER COUNTY

COUNTY

T 25 N  
T 26 N  
T 27 N

To Sumner  
To Tunica  
To Rubleville

R 4 W

R 3 W

GENERAL HIGHWAY MAP

# COAHOMA COUNTY

MISSISSIPPI *Mattson Farms Map*

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MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
 PLANNING DIVISION  
 IN COOPERATION WITH THE  
 U.S. DEPARTMENT OF TRANSPORTATION  
 FEDERAL HIGHWAY ADMINISTRATION

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DATA SOURCES

