

County: Quitman  
Permit #: GW-46016  
Driller: Irrigation Equipment  
Date drilling completed: 04/19/2012

**State Well Report**  
**Part 1 – Driller's Log**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601) 961-5210  
(601) 961-5228 (fax)

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 3144  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Robert Agostinelli</u>	Latitude: <u>34 ° 12 ' 57 "</u> Longitude: <u>90 ° 23 ' 36 "</u> <u>37</u>
Mailing Address: <u>305 Porter Dr.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Cleveland</u> <u>Ms</u> <u>38614</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>15</u> Twn <u>27N</u> Rng <u>2W</u>
Telephone No. ( ) - _____	Distance Direction Nearest Town _____ Miles <u>East</u> of <u>Clarksdale</u>

**Well / Borehole Data**

Date drilling started: 04/19/2012 Date drilling completed: 04/19/2012 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: \_\_\_\_\_ feet above or below (check one)  land  surface Date measured: \_\_\_\_\_

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

Well depth: 122 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 82 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 83 feet to 122 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): Circle S Irrigation will set pump

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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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground level

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Description of Formations Encountered	From (depth)	To (depth)
<b>Clay</b>	Ground level	<b>19</b>
<b>Fine Sand</b>	<b>20</b>	<b>28</b>
<b>Fine Sand &amp; Gravel</b>	<b>29</b>	<b>55</b>
<b>Medium Sand &amp; Gravel</b>	<b>56</b>	<b>122</b>

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) a north arrow.

Landowner Name: Robert Agostinelli

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick Cism 0695  
Print Name of Responsible Licensee and License No.

04/25/2012  
Date

*[Signature]*  
Signature of Licensee

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BY: OLWR

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Quitman  
 Permit #: GW-46016  
 Driller: Irrigation Equipment  
 Date completed: 4-19-12  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: G14A  
 Well #: \_\_\_\_\_  
 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>RIVERDALE FARMS</u>	Latitude: <u>34° 12' 57"</u> Longitude: <u>90° 23' 36"</u>
Mailing Address: <u>143 BAYDOW COWE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARKSDALE MS 38644</u>	<u>NE 1/4 NW 1/4 Sec 15 T 27N R 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-7729</u>	<u>3/4</u> Miles <u>S</u> of <u>BARKSDALE</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>5-11-12</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1100</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.

DAVID P. HOLT 0-752P      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 JUN 13 2012  
 Form: OLWR-SWR-1B (04/08)

**BY: OLWR**

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