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State Well Report

Part I - 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: **OLWR**

Acquirer: **A 127**

Well #: _____

L. S. Elevation: _____

E-log #: _____

County: **Bolivar**

Permit #: **EW-44456**

Driller: **Clark Drilling Co., Inc.**

Date drilling completed: **12-15-10**

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

Owner Name: **Charles A. Picorelli**

Mailing Address: **517 Fidelity Dr.**

City: **Monrovia, MS 38732**

State: _____ Zip Code: _____

Telephone No. (bba): **669-846-0346**

Well or Borehole Location

Latitude: **34° 01' 22" N**

Longitude: **90° 46' 28" W**

Method of Lat/Long (circle one): **Conventional Survey**

USGS quad, Hand-held GPS, Survey-grade GPS: **✓**

Section: **54 1/2 NE 1/4 Sec 09 T2N R25W**

Distance: **3.3** Miles

Direction: **NE**

Nearest Town: **Northport, MS**

Well / Borehole Data

Date drilling started: **12-15-10** Date drilling completed: **12-15-10** Hole depth: **120** Hole diameter: **26**

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle 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 a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: **33** feet above or below (circle one) land surface Date measured: **1-5-11**

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

Well depth: **120** feet grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: **80** feet Casing diameter: **16** inches Type of casing: **PVC**

Screen length: **40** feet Screen diameter: **16** inches Type of screen: **PVC**

Screen slot size: **0.50** inches Setting depth: From **80** feet to **120** 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 next page

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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: Bolivar
 Permit #: G.W. 44456
 Driller: Cook Drilling Co., Inc.
 Date completed: 1-15-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 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>Charles Chicorelli</u>	Latitude: <u>34-01-20</u>	Longitude: <u>90-46-15</u>	<u>W</u>
Mailing Address: <u>517 Fredrick Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Cleveland Ms. 38732</u>	<u>SW 1/4 72 1/4 Sec 24 T 15 N R 06 W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>(662) 846-0346</u>	<u>3</u> Miles	<u>NW</u> of <u>Humboldt</u>	<u>Kenna</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>1-15-11</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>2600</u> Gallons Per Minute			Number of Stages: <u>1</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): <u>33</u> 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.

Cook Drilling Co., Inc. 289
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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



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BY OLWR

Dean A. Pennington, PhD
Executive Director

P. O. Box 129
Stoneville, MS 38776

Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

July 29, 2010

Charles Chicorelli
517 Frederick Dr
Cleveland MS 38732

~~33 53 203 80~~
~~91-00 826~~

RE: Well Drilling / Authorization

Permit No: GW-44456

Dear Charles Chicorelli,

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for you application is:

Location: SW1/4 of the NE1/4 Section 24 Township-25N_Rage_06W-County -Bolivar

A copy of this notice or permit **must be attached to the State Well Report** that is submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must** be mail or faxed to YMD Joint Water Management District.

Please be sure to complete the application process. **This is a temporary notice until you receive your permit.** If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director