

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)

County: Bolivar
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 3-5-07

For Office Use Only:
Aquifer: _____
Well #: E-164
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>Phillip Rizzo</u>	Latitude: <u>33° 55' 18"</u> Longitude: <u>90° 43' 18"</u>
Mailing Address: <u>2904 Hwy. 8</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland MS 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE ¼ NW ¼ Sec 21 Twn 24N Rng 5W</u>
Telephone No. (<u>662-843-9942</u>)	Distance Direction Nearest Town <u>2 Miles East of Winstonville</u>

Well Data

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

Date well drilling started: 3-5-07 Date well drilling completed: 3-5-07

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 3-5-07

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

Hole depth: 137 Well depth: 137 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 78 feet to 137 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

Patrick M. Chism

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Land owner contracted with Peacock Pump & Repair (Cleveland, MS)
Peacock Pump & Repair Will Install Pump.

RECEIVED

MAR 26 2007

BY: OLWR

Replaced for Gwo...

