

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: 4-11-08

For Office Use Only:
Aquifer: _____
Well #: E-167
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° 54' 37.8"</u> Longitude: <u>90° 44' 09.4"</u> |
| Mailing Address: <u>2904 Hwy 8 West</u> | Method of Lat/Long (circle one): Conventional Survey, <u>38</u> |
| <u>Cleveland Ms. 38732</u> | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 20</u> <input checked="" type="checkbox"/> <u>Twn 24N</u> <u>Rng 5W</u> |
| Telephone No. <u>(662) 843-9942</u> | Distance Direction Nearest Town <u>1</u> Miles <u>East</u> of <u>Winstonville</u> |

Well Data

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

Date well drilling started: 4-11-08 Date well drilling completed: 4-11-08

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-11-08

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 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]

Tommy Peacock contracted with us to drill well. He will set pump.

FILED
BY OLIVER

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: DeLivar
 Permit #: _____
 Driller: _____
 Date completed: 4-15-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-167
 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>Philip Rizzo</u> Mailing Address: <u>2904 HWY 8 WEST</u> <u>CLEVELAND, MS 38736</u> <small>City State Zip Code</small> Telephone No. <u>(662) 843-9942</u> | Latitude: <u>33.54.378</u> Longitude: <u>90.44.09.4</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW 1/4 SE 1/4 Sec 20 T24N R 5W</u> Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>East</u> of <u>Winstonville</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-15-08</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1-10"</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours | Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

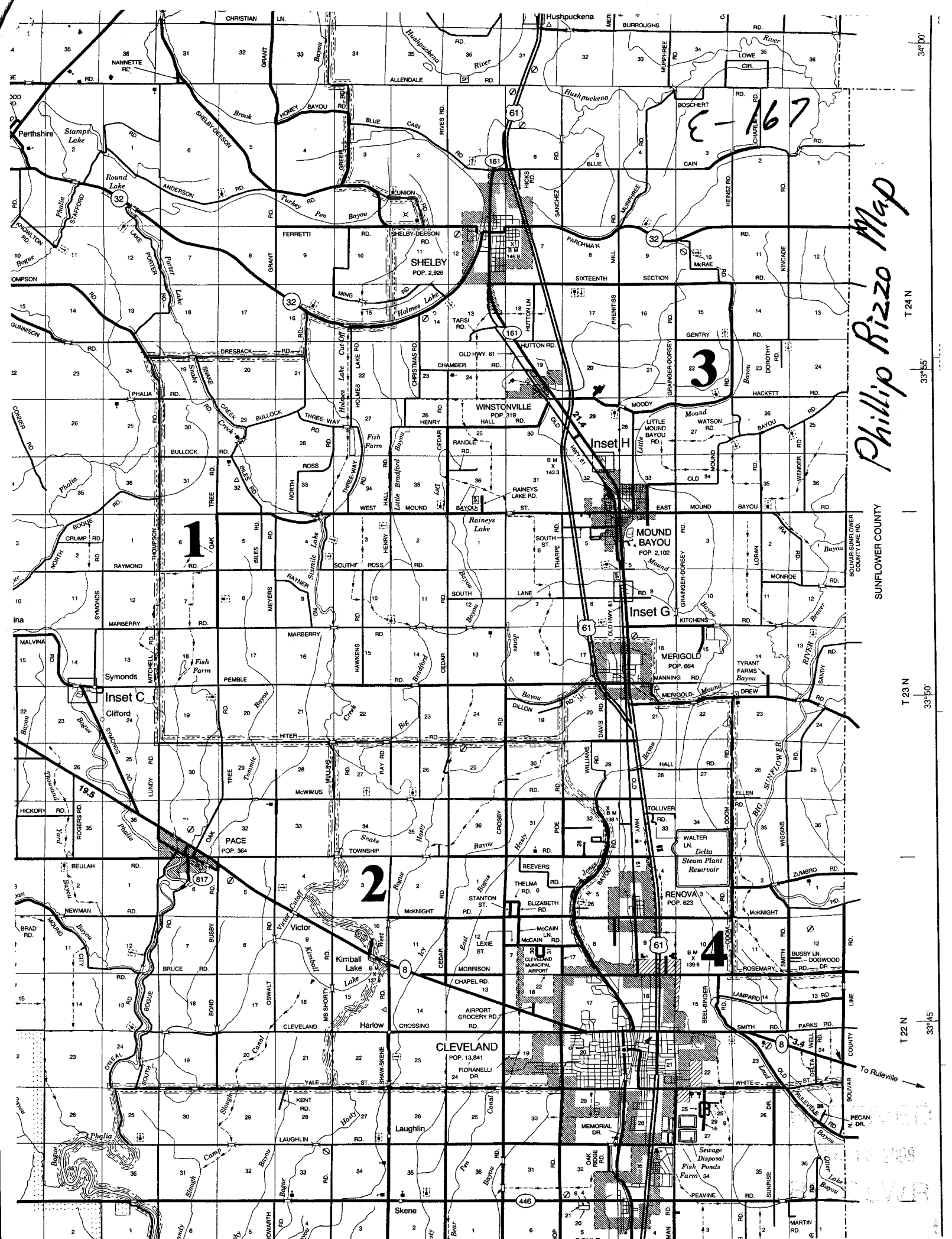
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Pencock's Pump & Repair Inc 0-728P Tommy Pencock
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

APR 17 2008

BY: OLWR



Phillip Rizzo Map

E-167

3

1

2

4

CLEVELAND
POP. 13,841

MOUND BAYOU
POP. 2,102

SHELBY
POP. 2,828

WINSTONVILLE
POP. 319

MERIGOLD
POP. 664

RENOVA
POP. 623

Inset C

Inset G

Inset H

SUNFLOWER COUNTY

SUNFLOWER COUNTY

SUNFLOWER COUNTY

SUNFLOWER COUNTY

SUNFLOWER COUNTY

SUNFLOWER COUNTY

T 24 N
33°55'
T 23 N
33°50'
T 22 N
33°45'

To Ruleville

Ruleville

Ruleville