

# 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 #: 200421-30  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-10-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E-169  
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>Gary Pongetti</u>	Latitude: <u>33° 56' 13.9"</u> Longitude: <u>90° 41' 12.4"</u>
Mailing Address: <u>1506 Deering St.</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 1/4 NW 1/4 Sec 14 Twn 24N Rng 5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4 Miles SE of Shelby</u>

Well Data

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

Date well drilling started: 7-10-08 Date well drilling completed: 7-10-08

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 7-11-08

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): 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: .050 inches Setting depth: From 81 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 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 Patrick M. Chism

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JUL 28 2008  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)854-6938 (fax)

County: Bolivar  
 Permit #: C1042630  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 7-10-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-169  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Gary Pongetti</u> Mailing Address: <u>1506 Deering St.</u>  <u>Cleveland Ms. 38732</u> <small>City State Zip Code</small>  Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 14 Twn 24N Rng 5W</u> Distance Direction Nearest Town <u>4 Miles SE of Shelby</u>

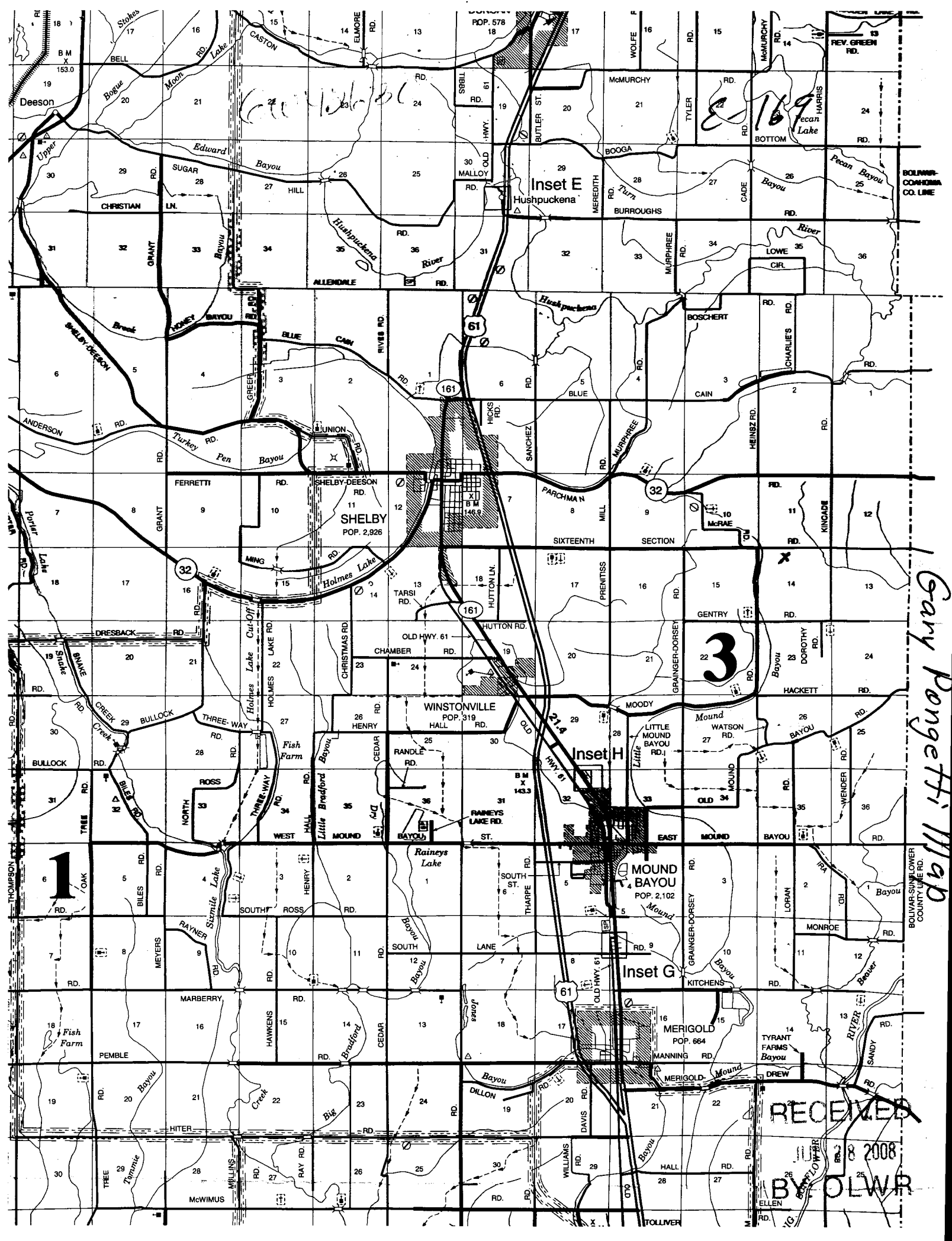
Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                        Piston <u>Turbine</u> Centrifugal                  Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: <u>7-11-08</u> Rated Pump Capacity: <u>2300±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine                  Natural Gas Electric Motor                  Hand                                  Tractor PTO Windmill                      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ 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	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape 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.

Patrick M. Chism                  0695  
 Print Name of Pump Installer and License No. (if applicable)                  Signature of Pump Installer

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E 169

Gary Pongetti Map

Inset E  
Hushpuckena

Inset H  
Winstonville

Inset G  
Mound Bayou

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BOLIVAR, MO. PLANNING DEPT.  
8/28/2008  
BY: POLWR