County: Bolivar	Part 1 - I	Oriller's Log	For Office Use Only:		
	Mississippi Departmer	nt of Environmental Quality	Aquifer: E 179		
Permit #: <u>GW43625</u>	Office of Land a	nd Water Resources			
Irrigation Equipment		Box 2309	Well #:		
Date drilling completed: 11-18-09	Jackson, MS 39225 (601)961- 5210		L. S. Elevation:		
	(601)96	1- 5228 (fax)	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 O	within 30 days of come				
(Landowner if borehole is not fo		Well or Borehole Location			
Owner Name Eugene Maj		Latitude: 33 ° 54 '39 " Longitude: 90 ° 41 ' 35 "			
Mailing Address: P. O. Box 3		Method of Lat/Long (circle one): Conventional Survey,			
			USGS quad, Hand-held GPS, Survey-grade GPS		
She/by M City Stat	s. 38774	<u>SE 4 SE 4 Sec 22 Twn 24N Rng 5W</u>			
City Stat	e Zip Code	Distance Direction Miles E	Nearest Town		
Telephone No. (662) 902 - 32	49	Miles E	of Winstonville		
	Well / Bore	hole Data			
Date drilling started: 11-18-09 Date drilling completed: 11-18-09 Hole depth: 126 Hole diameter: 20"					
Location of the source of any surface water					
Method of dosing and volume of Chlorine	used in drilling and development	opment: 50 ppm			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well X 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: 40 feet above of below circle one) land surface Date measured: 11-19-09					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 126 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 86 feet Casing diameter: 12 inches Type of casing: PVC					
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC					
Screen slot size:					
Type of completion (circle all applicable):	Gravel packed Undern	eamed Telescoped Open h	ole Natural Development		
Other (describe):					

Top of lap pipe or reduction in casing: ______ feet. If telescoped or more than one screen, describe on next page

State Well Report

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



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

Fine Sand + Clay 39 86 Fine Sand + Craye) 39 86 Fine Sand + Grave) 73 126 Madium Sand +	Ground Level	Description	on of Formations Encountered	From (depth)	To (depth)
Eine Sand & Grave) 63 Medium Sand & Grave) 73 126 Medium Sand & Grave) 73 126 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: Fugene Malatesta Form: OLWR-SWR-IA (04/08) certify that the well/borchole was drilled, constructed, and completed in accordance with all applicable requirements of the dississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state was. John P. Chism 0439				Ground Level	<u> </u>
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Signature of Licensee	rint Name of Responsible Licenses and License No.	Date		111	
		1/atc	gignature of License	• 365	

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.

STATE WELL REPORT

livar County: Permit # rrigation Equipment Date completed: 1/~/8-09

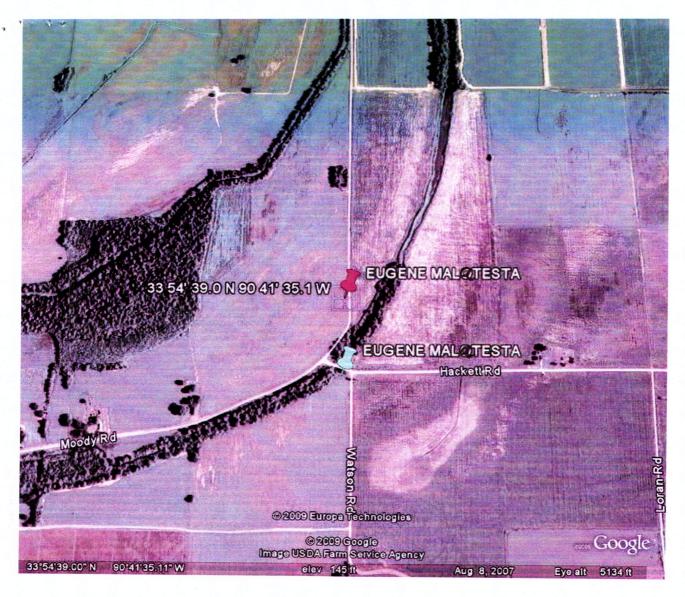
Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225

For Office Use Only:		
Aquifer: E 179		
Well #:		
Elevation:		

(601)961-5210 Copy information from block on Part 1 (601)961-5228 (fax) 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: Fugene Malatesta Latitude: 33°54′39" Longitude: 90°41′35" Mailing Address: P. O. Box 347 Method of Lat/Long (check one): Conventional Survey USGS quad ___, Hand-held GPS ____, Survey-grade GPS SE 4SE 4 Sec 22 T 24NR SW Distance Direction Telephone No. 662) 902-3249 3 Miles E of Winstenville **Pump Type** Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston (Turbine) Electric Motor Hand **Tractor PTO** Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 11-19-09 Setting Depth: feet Rated Pump Capacity: 1400 + Gallons Per Minute Number of Stages: **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 Drawdown [(B) – (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: _____ feet Test Pumping Rate: Gallons Per Minute Well yielded _____GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours _feet after ____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
John P. Chism 0439	lank
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWR-1B (04/08)



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BY: OLWR