

Part 2 never received 3/13

County: Bolivar
 Permit #: GW-44367
 Driller: Peta Sappington
 Date drilling completed: 8-2-10

State Well Report
Part 1 - 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:
 Aquifer: E 187
 Well #: _____
 L. S. Elevation: _____
 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 Owner (Landowner if borehole is not for a water well) | Well or Borehole Location |
|--|---|
| Owner Name: <u>David Malatesta</u> | Latitude: <u>33° 53' 54.1"</u> Longitude: <u>90° 40' 32.1"</u> |
| Mailing Address: <u>P.O. Box 124</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Cleveland Ms. 38732</u> City State Zip Code | <u>N 2 1/4 S 2 1/4 Sec 16 Twn 24 N Rng 5 W</u> |
| Telephone No. <u>(662) 719-1424</u> | Distance Direction Nearest Town <u>7 Miles W of Meard Bayou</u> |

Well / Borehole Data

Date drilling started: 8-2 Date drilling completed: 8-2 Hole depth: 100' Hole diameter: 28"

Location of the source of any surface water used for drilling: Rice field next to well

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ 10ppm

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: 43 1/2 feet above or below (circle one) land surface Date measured: 8-3

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC-40

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

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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*

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

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The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes, show depths on sketch.

Ground Level → *GW 44367*

Blank sketch area for well location and property layout.

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| <i>Clay</i> | <i>0</i> | <i>36</i> |
| <i>Fine Sand</i> | <i>36</i> | <i>98</i> |
| <i>Coarse Sand / Gravel</i> | <i>98</i> | <i>100</i> |
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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.

See Attached Map

Landowner Name: *David Malatesta*

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. *Pete Sapperton 0430*

Date *8-06-10*

Signature of Licensee *Pete Sapperton*

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E187

New Hope Cem

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Full Harvest Agriculture Opportu

Bradford Chapel Cem

Cem Spring Hill Ch

Zion Cem

Zion Ch

Beautiful Star Cem

?

David Malatesta 8-2-10

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