

# STATE WELL REPORT

## Part I

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: F274  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-47544  
Driller: Richard Foster  
Date drilling completed: 7-1-13

*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.*

#1827 Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Fioranelli Bros IV</u>	Latitude: <u>33° 50' 50"</u> Longitude: <u>90° 53' 29"</u>
Mailing Address: <u>P.O. Box 1596</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Cleveland</u> <u>MS</u> <u>38732</u>	<u>1/4 NW 1/4 NE 1/4, Sec 14 T.23N R.02W</u>
City State Zip Code	<u>.90</u> Miles <u>N</u> of <u>Symonds</u>
Telephone No. <u>(662) 515-8340</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>7-1-13</u>	Date drilling completed: <u>7-1-13</u> Hole depth: <u>147'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>nearby well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>39</u> feet (above or <input checked="" type="checkbox"/> below) land surface Date measured: <u>7-2-13</u>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape Air line Other (describe): _____	
Well depth: <u>147'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix	
Casing length: <u>107</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.50</u> inches Setting depth: From <u>107</u> feet to <u>40</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of tap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

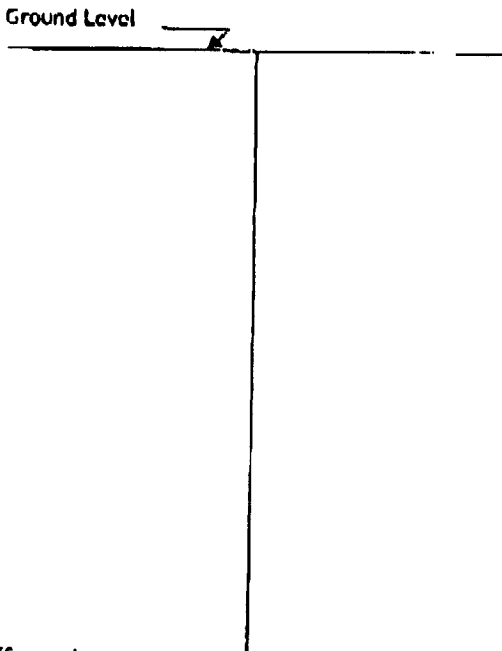
RECEIVED  
JUL 10 2013  
BY OLWR

County: Bolivar  
Permit #: GW-47544

For Office Use Only:  
Well #: F274

The sketch below only required for water wells

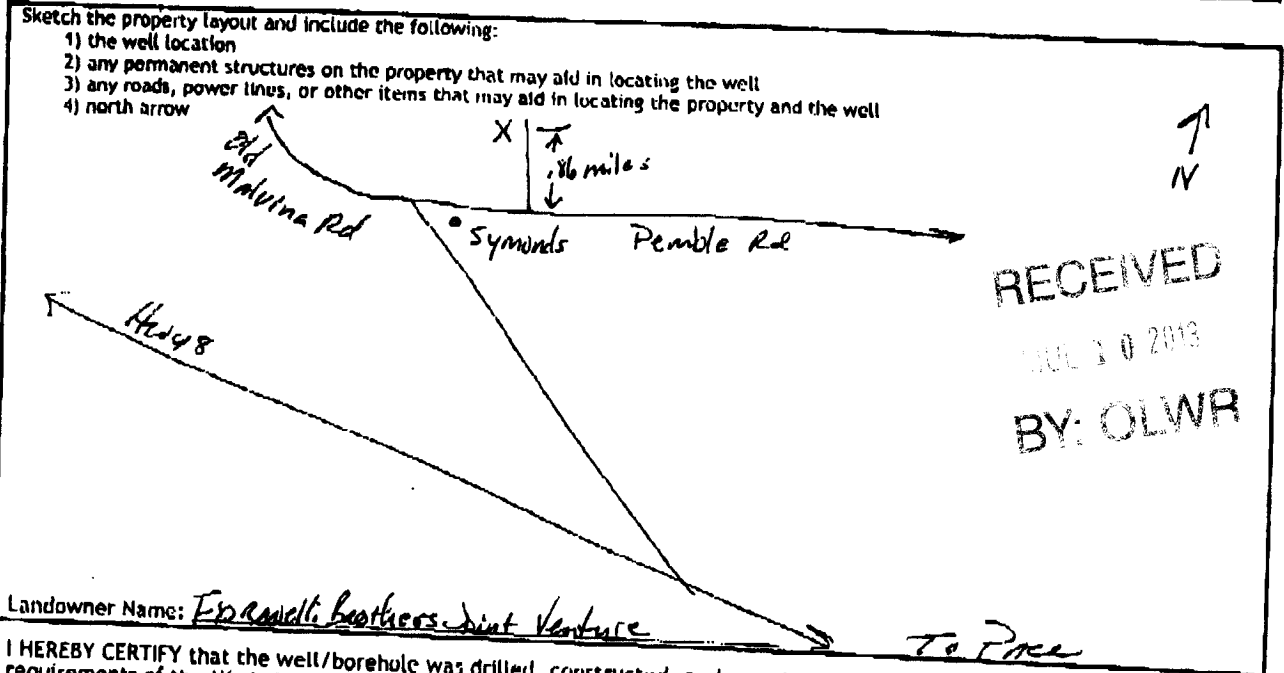
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	17
Fine Sand	17	27
Coarse Sand	27	64
Medium Sand & Pea Gravel	64	72
Coarse Sand & Pea Gravel	72	84
Fine Sand	84	102
Medium Sand, Pea Gravel and Gravel	102	147

If more than one screen, show location of each on sketch



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Landowner Name: Extrawell Brothers Joint Venture To Pric  
I HEREBY 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.  
Clayton Miller 0-703  
Print Name of Responsible Licensee and License No.      Date      Clayton Miller  
Signature of Licensee

Form: OLWR-SWR-1A (4/13)

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: BOLIVAR  
 Permit #: GW-47544  
 Driller: Michael Wells  
 Date completed: 7-2-13  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: F274  
 Aquifer: \_\_\_\_\_

*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>F. DiNapoli, Sr. &amp; JV</u>	Latitude: <u>33° 50' 50"</u> Longitude: <u>90° 53' 25"</u>
Mailing Address: <u>P.O. Box 1596</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>Y</u> , Survey-grade GPS _____
<u>Cleveland</u> MS <u>38732</u>	<u>NW 1/4 NE 1/4, Sec 14 T 234 R 07W</u>
City State Zip Code	<u>90</u> Miles <u>N</u> of <u>Symonds</u>
Telephone No. <u>(662) 515-8340</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 7-2-13 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

Is This Pump (circle one): New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 50 Setting Depth: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 39 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one): New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703 7-2-13 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)