

Part 2 never received

3/13

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-226  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit # 6W 41774  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-24-07

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>Fioranelli Brothers</u>	Latitude: <u>33.47 56.1</u>	Longitude: <u>90 47 31.2</u>	
Mailing Address: <u>2914 Hwy. 8</u>	Method of Lat/Long (circle one): <u>36</u> Conventional Survey, <u>31</u>		
<u>Cleveland MS 38732</u>	NE USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	NW 1/4 SW 1/4 Sec <u>35</u> Twn <u>23N</u> Rng <u>6W</u>		
Telephone No. ( ) _____	Distance <u>4</u> Miles	Direction <u>East</u>	Nearest Town <u>Pace</u>

**Well Data**

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

Date well drilling started: 4-24-07 Date well drilling completed: 4-24-07

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 4-24-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC SCH40

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC SCH40

Screen slot size: .050 inches Setting depth: From 68 feet to 127 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

Owner contracted with Peacock Pump & Repair.  
Peacock Pump & Repair will install pump.

RECEIVED  
MAY 24 2007  
BY: OLWR

