

# 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 #: OLW42391  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-28-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-231  
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>Jeffrey Fioranelli</u>	Latitude: <u>33° 47' 97.1"</u> Longitude: <u>90° 47' 01.2"</u>
Mailing Address: <u>2991 Hwy 8 West</u>	Method of Lat/Long (circle one): <u>38</u> Conventional Survey, <u>01</u>
<u>Cleveland Ms. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 35 Twn 23N Rng 6W</u>
Telephone No. ( ) _____	Distance <u>NE</u> Direction <u>NW</u> Nearest Town <u>Cleveland</u>
	<u>3</u> Miles of <u>Cleveland</u>

**Well Data**

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

Date well drilling started: 3-28-08 Date well drilling completed: 3-28-08

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

Static Water Level: 40 feet above (or below) (circle one) land surface Date measured: 3-28-08

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: 87 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 88 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.

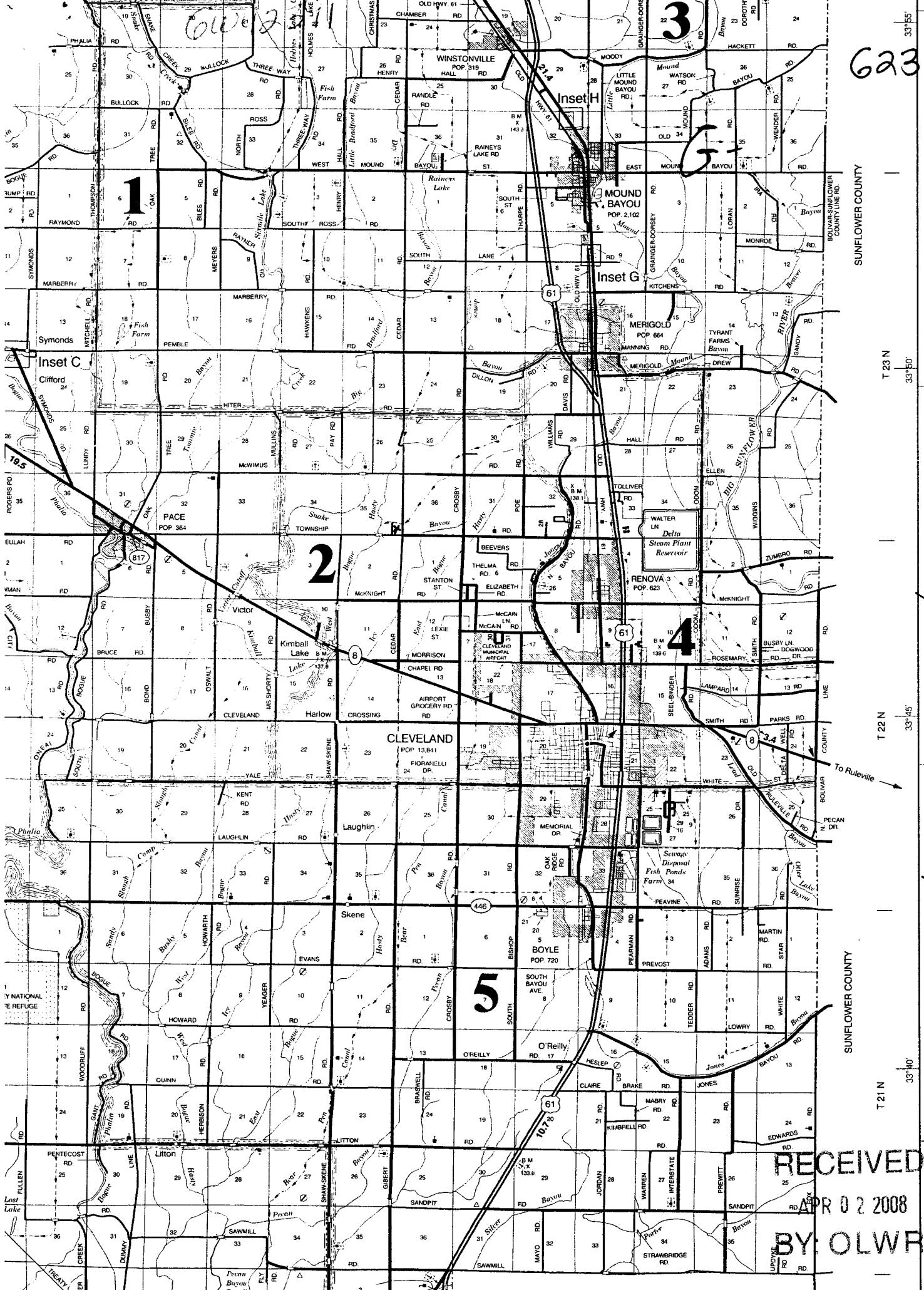
Irrigation Equipment Inc  
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor [Signature]

Tommy Peacock contracted us to drill well. He will set pump.

RECEIVED  
APR 02 2008  
BY: OLWR





6231

Jeffrey Fioranelli Map

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APR 02 2008  
BY: OLWR

SUNFLOWER COUNTY

SUNFLOWER COUNTY

SUNFLOWER COUNTY

490'000

T 23 N  
33° 55'

T 22 N  
33° 45'

T 21 N  
33° 40'

460'000 m

470'000 m

460'000 m

APR 02 2008

# 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)354-6938 (fax)

County: Bolivar  
Permit #: OLW 42391  
Driller: \_\_\_\_\_  
Date completed: 4-9-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-231  
Elevation: \_\_\_\_\_

*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>Jeffrey Firanelli</u>	Latitude: <u>33.47.91.1</u> Longitude: <u>90.47.01.2</u>
Mailing Address: <u>2991 HWP 8 West</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> <u>58</u> <input type="checkbox"/> <u>00</u>
<u>Cleveland MS 38732</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SE 1/4 SE 1/4 Sec 35 T 23 N R 6 W</u>
Telephone No. <u>662 719-3450</u>	Distance Direction Nearest Town <u>3 Miles NW of Cleveland</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>4-9-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>2-10"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Peacock's Pump & Repair Inc 0-728P Tommy Peacock Jr.  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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APR 22 2008  
BY: OLWR