

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)981- 5210
(601)961- 5228 (fax)

County: Bolivar
 Permit # GW-464951
 Driller: Charles Mc Murry
 Date drilling completed: 10-23-12

For Office Use Only:
 AQUIFER _____
 Well #: G272
 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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|--|--|
| Owner Name: <u>FORANELL; Blas - JV.</u> | Latitude: <u>N 33° 50' 57.61" T</u> Longitude: <u>W 90° 51' 16.36" L</u> |
| Mailing Address: <u>P.O. Box 1596</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Cleveland MS 38732</u> City State Zip Code | <u>NW 1/4 NE 1/4 Sec 18 Twn 23N Rng 6W</u> |
| Telephone No. <u>663 515-8340</u> | Distance _____ Miles Direction _____ Nearest Town _____ of <u>PAGE</u> |
| Well / Borehole Data | |
| Date drilling started: <u>10-23-12</u> Date drilling completed: <u>10-23-12</u> Hole depth: <u>126'</u> Hole diameter: <u>2"</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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ | |
| Name of organization running log(s): _____ | |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>43</u> feet above or below (circle one) land surface Date measured: <u>11-06-12</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | |
| Well depth: <u>126"</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix | |
| Casing length: <u>86.25</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>12</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>126</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ | |
| Top of lap pipe or reduction in casing: <u>2 1/4</u> feet <i>If telescoped or more than one screen, describe on next page</i> | |

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: G272
 Elevation: _____

County: Bolivar

Permit # GW-46495

Driller: John Rybolt IV

Date completed: 11-6-12

Copy information from block on Part 1

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

Owner Name: Fisannelli, Buss, JV
 Mailing Address: P.O. Box 1596
Cleveland MS 38732
 City State Zip Code
 Telephone No. (662) 515-8390

Well Location

Latitude: N33° 50' 57.69" Longitude: W90° 51' 16.36"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
NW 1/4 NE 1/4 Sec 18 T23N R 6W
 Distance _____ Miles Direction _____ of Nearest Town PAUL

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-6-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 40
 Setting Depth: 80 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 43 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
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer