County: Bolivar
Permit #: GW-46498 ✓
Driller: Clarence McMurray
Date drilling completed: 1-23-13

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: _____
Well #: G274
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)

Owner Name: Fiorenelli Bros. J.V.
Mailing Address: P.O. Box 1596
Cleveland MS 38732
City State Zip Code
Telephone No. (662) 515-8340

Well or Borehole Location

Latitude: 33° 45' 04.17" Longitude: 90° 47' 26.91"
OA 27
Method of Lat/Long (circle one): Conventionnl Survey, USGS quad. Hand-held GPS, Survey-grade GPS
SE ¼ NW ¼ Sec 35 Twn 23N Rng 06W
Distance Miles Direction of Nearest Town
#1209 well #3

Well / Borehole Data

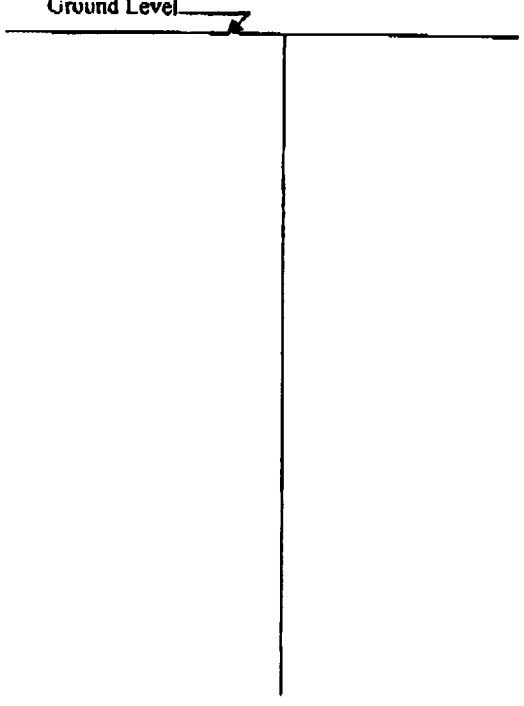
Date drilling started: 1-23-13 Date drilling completed: 1-23-13 Hole depth: 125' Hole diameter: 26"
Location of the source of any surface water used for drilling: near by ditch
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): ~~No log run~~ Electric 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: feet above or (below) (circle one) land surface Date measured:
Method of Measurement (circle one) steel tape (electric line) air line other:
Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): (Neat Cement) Bentonite Mix
Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC
Screen length. 50 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 75' feet to 120' feet
Type of completion (circle all applicable): (Gravel packed) Undercreamed Telescoped Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: n/a feet ***If telescoped or more than one screen, describe on next page***

G274

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level

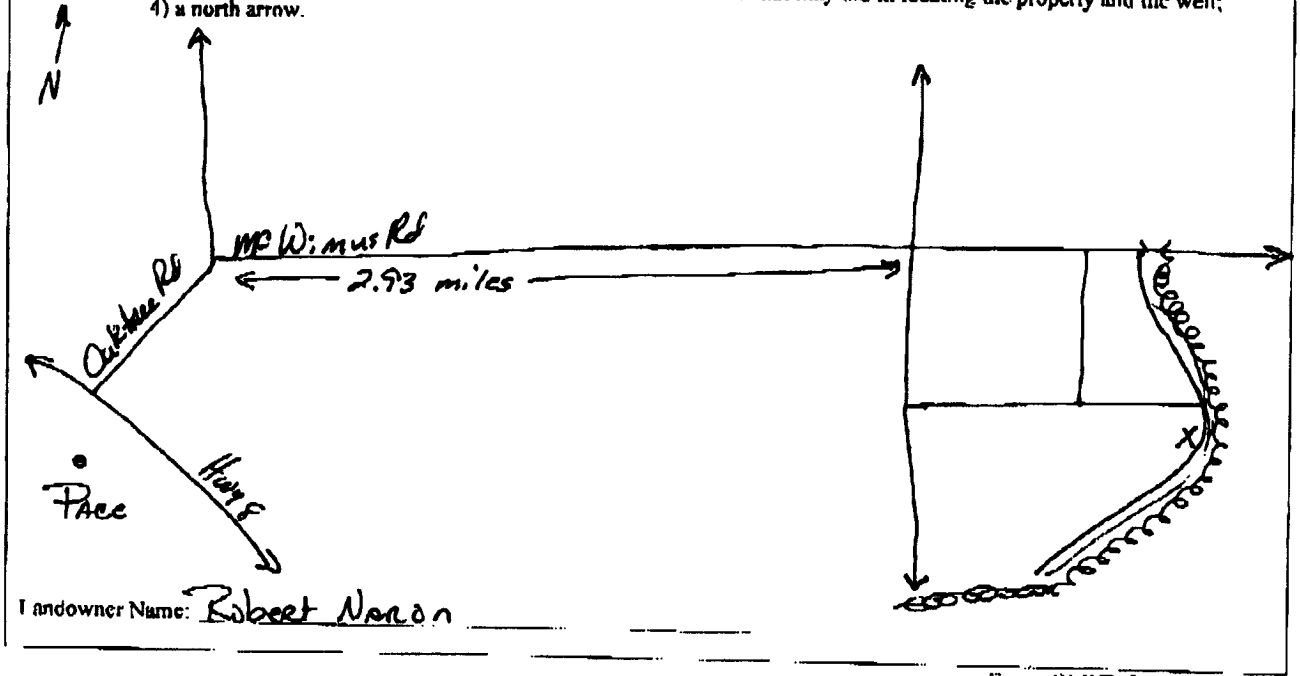


If more than one screen, show location of each on sketch

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)
	Ground Level	
Clay		17
Fine Sand and Clay	17	23
Medium Sand	23	30
Medium Sand, Shell, Clay and Wood	30	39
Fine Sand	39	48
Medium Sand	48	53
Medium/Coarse Sand and pea gravel	53	80
Medium Sand	80	92
Medium/Coarse Sand and pea gravel	92	94
Coarse Sand and gravel	94	119
Medium Sand	119	121
Medium/Coarse Sand & gravel	121	125

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.



Landowner Name: Robert Nason

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.

Clayton Miller 0-703 3-7-13 Clayton Miller

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

County: Bolivar
Permit #: GW-46498
Driller: John Rybolt IV
Date completed: 3-5-13
Copy information from block on Part 1

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 #: G274
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
Owner Name: Fidrawell: Bliss J.V.
Mailing Address: P. O. Box 1596
Cleveland (City) MS (State) 38732 (Zip Code)
Telephone No. (662) 315-8340

Well Location
Latitude: 33° 48' 04.17" Longitude: 90° 47' 26.91"
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS ___, Survey-grade GPS ___
SE ¼ NW ¼ Sec 35 T 23N R 06W
Distance ___ Miles Direction ___ of Nearest Town ___

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well
Other (specify):		

Date Pump Installed: 3-5-13
Rated Pump Capacity: ___ Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): Gear Drive	

Horse Power Rating of Motor: 40
Setting Depth: 70 feet
Number of Stages: 2

Pump Test Data
Date Well Tested: 3/07 TO 3/5/13
Static Water Level (A): 44 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
Circle one
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

Form: OLWR-SWR-1C (07-09)