

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 #: G 289
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: 610-49546
 Driller: Clarence McMurtry
 Date drilling completed: 6-20-16

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.

| | | | |
|--|--|---|--|
| Well Owner Information <u>2362</u> (Landowner if borehole is not for a water well) Owner Name: <u>Fioranelli Bros. J.V.</u> Mailing Address: <u>P.O. Box 1596</u> <u>Cleveland</u> <u>MS</u> <u>38232</u> City State Zip Code Telephone No. <u>(662) 515-8340</u> | | Well or Borehole Location Latitude: <u>33° 48' 23.21"</u> Longitude: <u>90° 48' 08.94"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE^{NW} 1/4 NE 1/4, Sec 34 T.23N R.06W</u> <u>6.44</u> Miles <u>NW</u> of <u>Cleveland</u> (Distance) (Direction) (Nearest Town) | |
|--|--|---|--|

Well / Borehole Data

Date drilling started: 6-20-16 Date drilling completed: 6-20-16 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby well

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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 46 feet [above or below land surface (circle one)] Date measured: 6-21-16

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

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 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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

Replacement Well

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)

For Office Use Only:

Well #: G289
 Aquifer: _____

County: Bolivar
 Permit #: GW-49546
 Driller: Scott Hood
 Date completed: 6-21-16
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 | | | Well Location | |
|---------------------------------------|-----------|--------------|---|---------------------------------------|
| Owner Name: <u>Fioravelli Bros JV</u> | | | Latitude: <u>33° 48' 23.21"</u> | Longitude: <u>90° 48' 08.94"</u> |
| Mailing Address: <u>P.O. Box 1596</u> | | | Method of Lat/Long (check one): Conventional Survey _____ | |
| <u>Cleveland</u> | <u>MS</u> | <u>38732</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ | |
| City | State | Zip Code | <u>NW 1/4 NE 1/4, Sec 34 T23N R6W</u> | |
| Telephone No. <u>(662) 515-8340</u> | | | <u>6.44</u> Miles <u>NW</u> of <u>Cleveland</u> | (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-21-16 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: 100 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): 46 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 N/A
 Meter Manufacturer: _____ Meter Serial Number: _____
 Motor 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 6-22-16 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Dean A. Pennington, PhD
Executive Director
P. O. Box 129
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www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

June 17, 2016

G 289

Fioranelli Brothers
PO Box 1596
Cleveland MS 38732

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49546
which will be replacing GW-05968 located at:
Location: NE ¼ of the NE ¼ Section 34 Township 23N Range 06W County Bolivar
Latitude: 33 48 21 Longitude 90 48 05

Dear Fioranelli Brothers:

This letter acknowledges your notification to the state that you intend to replace a previously permitted well in the Mississippi River Valley Alluvial Aquifer and that this replacement construction will meet the requirements for a groundwater replacement well specified in 11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1 (see attached/back of page). Construction may begin immediately on your replacement well.

Remember that you are still required to submit a permit application (enclosed) for the replacement well within 5 days of construction beginning. You are also required to properly decommission (plug and abandon) the replaced well within 180 days of the replacement well's construction.

A copy of this letter, or a water use permit for the replacement well, must be attached to the State Well Report submitted by your driller to MDEQ and they must also submit a copy to YMD, as specified in the Water Well Contractor regulations found in 11 Miss. Admin. Code Part 7, Chapter 2, Rule 2.9.

If you have any questions, please call YMD at 662-686-7712.

Sincerely,

Dillard Melton, Jr.
Permitting Director