County: Bolivar
Permit #: GW-49845
Driller: Clarence McMurdy
Date drilling completed: 3-30-17

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: G 290
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)
Owner Name: Fiorzanelli Bros. JV
Mailing Address: P.O. Box 1596
Cleveland MS 38732
City State Zip Code
Telephone No. (662) 515-8340

Well or Borehole Location
Latitude: 33° 52' 44" Longitude: 90° 50' 26"
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS Y, Survey-grade GPS ____
NW ¼ NE ¼, Sec 05 T 23N R 6W
6.31 Miles (Distance) West (Direction) of Mound Bayou (Nearest Town)

Well / Borehole Data
Date drilling started: 3-30-17 Date drilling completed: 3-30-17 Hole depth: 125' Hole diameter: 22"
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: 44 feet (above or below) land surface (*circle one*) Date measured: 4-1-17
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: 85 feet Casing diameter: 12 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 85 feet to 125 ~~40~~ 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

Replacements

Form: OLWR-SWR-1A (4/13)

County: Bolivar

Permit #: GW-49845

For Office Use Only:

Well #: 6290

The sketch below only required for water wells

If well telescopes, show depths on sketch.

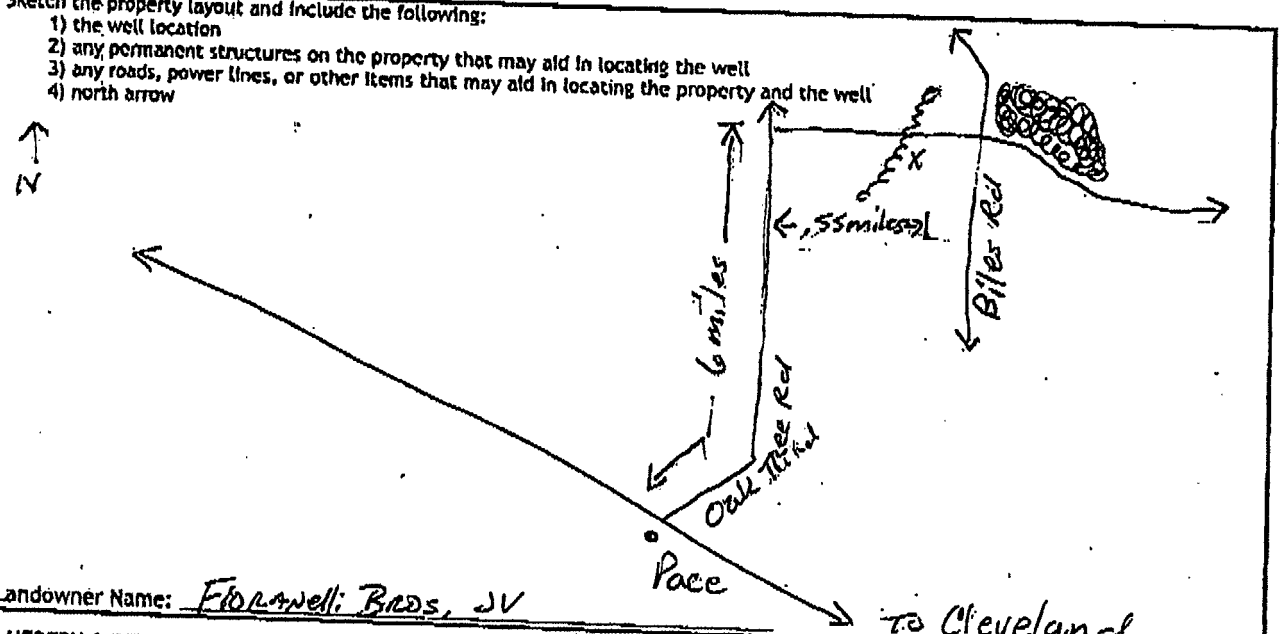
Ground Level

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)
Medium Sand	Ground level	17
Medium Sand	17	45
Coarse Sand	45	55
Coarse Sand & Gravel	55	75
Coarse Sand & Gravel	75	105
Coarse Sand & Medium Sand	105	115
Medium Sand & Gravel & Coarse Sand	115	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) north arrow



Landowner Name: Florwell Bros, JV

I HEREBY 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.

Peyton Overstreet 0008026

Print Name of Responsible Licensee and License No.

Date

Peyton Overstreet

Signature of Licensee

Form: OLWR-SWR-1A (4/13)

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)

County: Bolivar
Permit #: GW-49845
Driller: Aldric Jones
Date completed: 4-1-17
Copy information from block on Part 1

For Office Use Only:
Well #: G290
Aquifer: _____

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: Fioranelli Bros. JV
Mailing Address: P.O. Box 1596
Cleveland (City) MS (State) 38732 (Zip Code)
Telephone No. (662) 515-8340

Well Location

Latitude: 33° 52' 44" Longitude: 90° 50' 26"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS Y, Survey-grade GPS____
NW ¼ NE ¼, Sec 05 T 23N R 6W
____ Miles (*Distance*) ____ (*Direction*) of ____ (*Nearest Town*)

Pump Type (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): ____
Date Pump Installed: 4-1-17 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: 30 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): 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
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

Meter Manufacturer: ____ Meter Serial Number: ____
Meter 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.

Peyton Overstreet 0000 80260 ____ Peyton Overstreet
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

6290

YMD

P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

February 3, 2017

Fioranelli Brothers JV
Cleveland MS 38732

RE: Receipt for Notification of Construction of Replacement Well MS-GW-49845
which will be replacing GW-12987 located at
Location: NW¼ of the NE¼ Section 05 Township 23N Range 6W County Bolivar
Latitude: 33 52 44 Longitude 90 50 26

Dear Fioranelli Brothers JV.:

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