	Vell Report Part 1	For Office Use Only:
	Mississippi Department of Environmental Quality	
	and Water Resources	1_210
– P.O.	Box 10631	Well#: <u>L-219</u>
· · · · · · · · · · · · · · · · · · ·	MS 39289-0631	L.S. Elevation:
	1)961-5210 54-6938 (fax)	
d u no n'a constant, dene	34-0938 (lax)	E-Log #:
State Law requires that this report be prepared by th	he driller in detail and filed with	the Department within
30 days of completion of drilling of the well.		· · · · · · · · · · · · · · · · · · ·
Well Owner Information	Well L	ocation
wher Name AGUZZI FARMS	Latitude: <u>N 33° 44,011</u>	Longitude:W 90° 48.140'
ailing Address: 1241 SOUTH BISHOP	00 Method of Lat/Long (circle one):	Conventional Survey,
	USGS quad, Mand-held G	PS, Survey-grade GPS
	<u>_81</u> ¹ / ₄ <u>SE</u> ¹ / ₄ Sec <u>22</u> SW	_Twn <u>22N_</u> Rng _ <u>6W_</u>
CLEVELAND MS 38732	Distance Direction	Nearest Town
City State Zip Code	<u>3 1/2 Miles W of </u>	CLEVELAND
elephone No. ()		
w	Vell Data	
rrpose of Well (circle one) Home Industrial Public Supp		Other
ate well drilling started: 5/3/05 Date w	vell drilling completed: 5/3/	05
ate well drilling started: 5/3/05 Date w flowing, method of flow regulation: Valve Other		
flowing, method of flow regulation: Valve Other	r (describe)	
flowing, method of flow regulation: Valve Other atic Water Level:31 feet above or below (eircle one) h	r (describe) land surface Date measured: <u>5/3</u>	3/05
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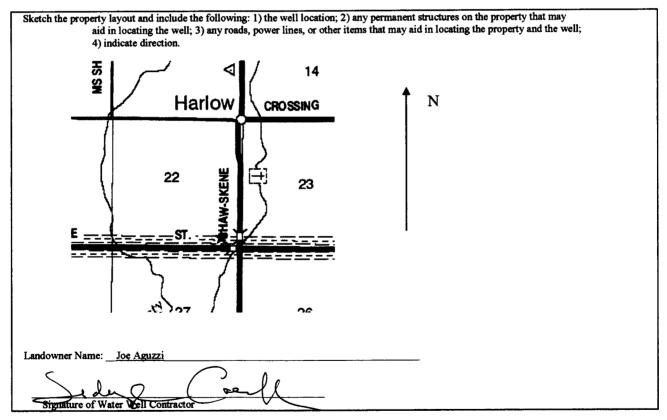
MAY 1 0 2005 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

L	-	2	/	9
				•

Description of Formations Encountered	From	To
Topsoil	0	5
Clay	5	32
Sand	32	58
Heavy Sand and Gravel	58	120
	+	
		· · ·
		L

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



MAY 1 0 2005 BY: OLWR

STATE	WELL	REPORT
	Dart 2	

County: <u>BOLIVAR</u>
Permit #:
Driller: SIDNEY COOK
Date completed:

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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)

For	Office	Use Only:	
Aquiter:			
Well #:	1 -	21	9
Elevation:			

This report should be prepared by the pump installer in detail and filed with Department within 30 days of the installation of pump.

Well Owner Information	Well Location	
Owner Name AGUZZI FARMS Mailing Address: 1241 SOUTH BISHOP	Latitude: <u>N 33° 44.011</u> Longitude: <u>W 90° 48.140</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
CLEVELAND MS 38732 City State Zip Code Telephone No. ()	<u>SE ¼ SE ¼ Sec 22</u> Twn <u>22N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>3 1/2</u> Miles <u>W</u> of <u>CLEVELAND</u>	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:50 HP	
Date Pump Installed: <u>4/29/05</u>	Setting Depth:70feet	
Rated Pump Capacity: Gallons Per Minute	Number of Stages: 1	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:	Air Line Electric Measuring Line Other (specify):	
Drawdown [(B)-(A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	

Matt Stephens #0-743P Print Name of Pump Installer and License No. (if applicable)

Matt Hackens Signature of Pump Installer

MAY 1 0 2005 BY: OLWR