

State Well Report

Part I

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:

Aquifer:
Well #: L-234
L.S. Elevation:
E-log #:

County: Bolivar
Femid #: GW42052
Irrigation Equipment
Driller:
Date drilling completed: 7-30-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information: Owner Name David Rocconi, Mailing Address 285 Prevost Rd, Boyle Ms. 38730, Telephone No. (662) 719-8620. Well Location: Latitude 33.47.308, Longitude 90.47.000, Method of Lat/Long Conventional Survey, USGS quad NE 1/4 NE 1/4 Sec 2 Twn 22N Rng 6W, Distance 3 Miles Direction NW of Nearest Town Cleveland.

Well Data: Purpose of Well Irrigation, Date well drilling started 7-30-07, Date well drilling completed 7-30-07, Static Water Level below land surface, Method of Measurement steel tape, Hole depth 127, Well depth 127, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 87 feet, Casing diameter 16 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 16 inches, Type of screen PVC, Screen slot size .050 inches, Setting depth From 88 feet to 127 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing, Logs run No log run, Name of organization running log(s).

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Irrigation Equipment Inc. Patrick M. Chism 0695. Signature of Water Well Contractor.

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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Customer contracted with Tommy Peacock to install pump.

AUG 13 2007

BY: OLWR

L-234

If well telescopes please sketch below and show depths.

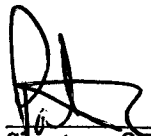
Ground Level

Description of Formations Encountered	From	To
Clay	0	23
Fine Sand	24	35
Fine Sand + Gravel	36	48
Medium Sand + Gravel	49	127

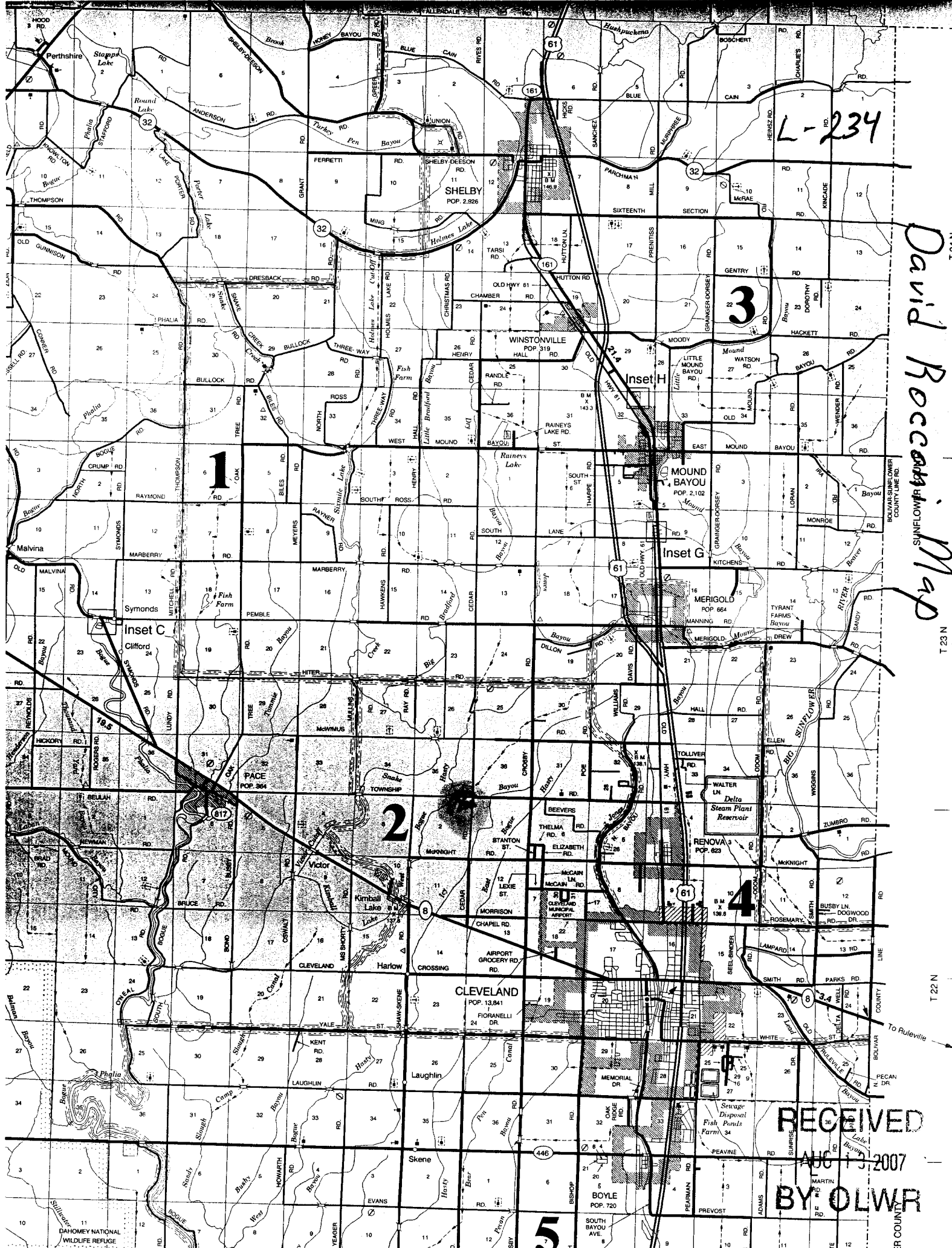
If more than one screen, show location of each on sketch

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) indicate direction.

Landowner Name: David Rocconi


Signature of Water Well Contractor

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David Rocca's Map

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3

1

2

4

5

T 24 N

T 23 N

T 22 N

To Ruleville

VER COUNTY

STATE WELL REPORT

L234

County: Bolivar
 Permit #: _____
 Driller: _____
 Date completed: 8-6-07
Copy information from block on Part 1

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:

Aquifer: _____
 Well #: L-234
 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	Well Location
Owner Name: <u>DAVID ROCCONI</u>	Latitude: <u>33.47.308</u> Longitude: <u>90.47.00.0</u>
Mailing Address: <u>285 PREVOST RD</u>	Method of Lat/Long (check one): <u>31</u> Conventional Survey _____
<u>BOYLE</u> MS <u>38730</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 2 T22N R6W</u>
Telephone No. <u>(662) 719-8620</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>CLEVELAND</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>8-6-07</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>1-8"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>46'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Peacock's Pump & Repair Inc 0-728P Tommy Peacock Jr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

New Pump installed in new 16" Well.

Form: OLWR-SWR-1B

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