

State Well Report

Part 1

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)

County: Bolivar
Permit #: GW42586
Irrigation Equipment
Driller:
Date drilling completed: 6-15-08

For Office Use Only:
Aquifer:
Well #: L-237
L. S. Elevation:
E-log #:

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: Jeffery Fioranelli, 2991 Hwy 8 West, Cleveland Ms. 38732
Well Location: Latitude: 33.43.98.5, Longitude: 90.47.13.1, Method of Lat/Long: Conventional Survey, USGS quad: SW 1/4 SE 1/4 Sec 23, Twn 22N, Rng 6W, Distance: 2 Miles, Direction: W, Nearest Town: Cleveland

Well Data: Purpose of Well: Irrigation, Date well drilling started: 6-15-08, Date well drilling completed: 6-15-08, Static Water Level: 35 feet above of below land surface, 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

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
Print Name of Water Well Contractor and License No.
Signature of Water Well Contractor

Tommy Peacock contracted with us to drill well. He will set pump.

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If well telescopes please sketch below and show depths.


Ground Level

Description of Formations Encountered	From	To
Clay	0	37
Medium Sand + Gravel	38	57
Course Sand	58	67
Course Sand + Gravel	68	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: Jeffery Fioranelli


 Signature of Water Well Contractor

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STATE WELL REPORT

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)

County: Bolivar
 Permit #: GW42586
 Driller: _____
 Date completed: 6-18-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-237
 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>Jeffrey Fioranelli</u>	Latitude: <u>N33° 43' 60"</u> Longitude: <u>N90° 47' 11"</u>
Mailing Address: <u>2991 HWY 8 West</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
<u>CLEVELAND</u> <u>MS</u> <u>38722</u> City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>CLEVELAND</u>
Telephone No. <u>(662) 719-3450</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-18-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1-10"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>41'</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
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315-5000
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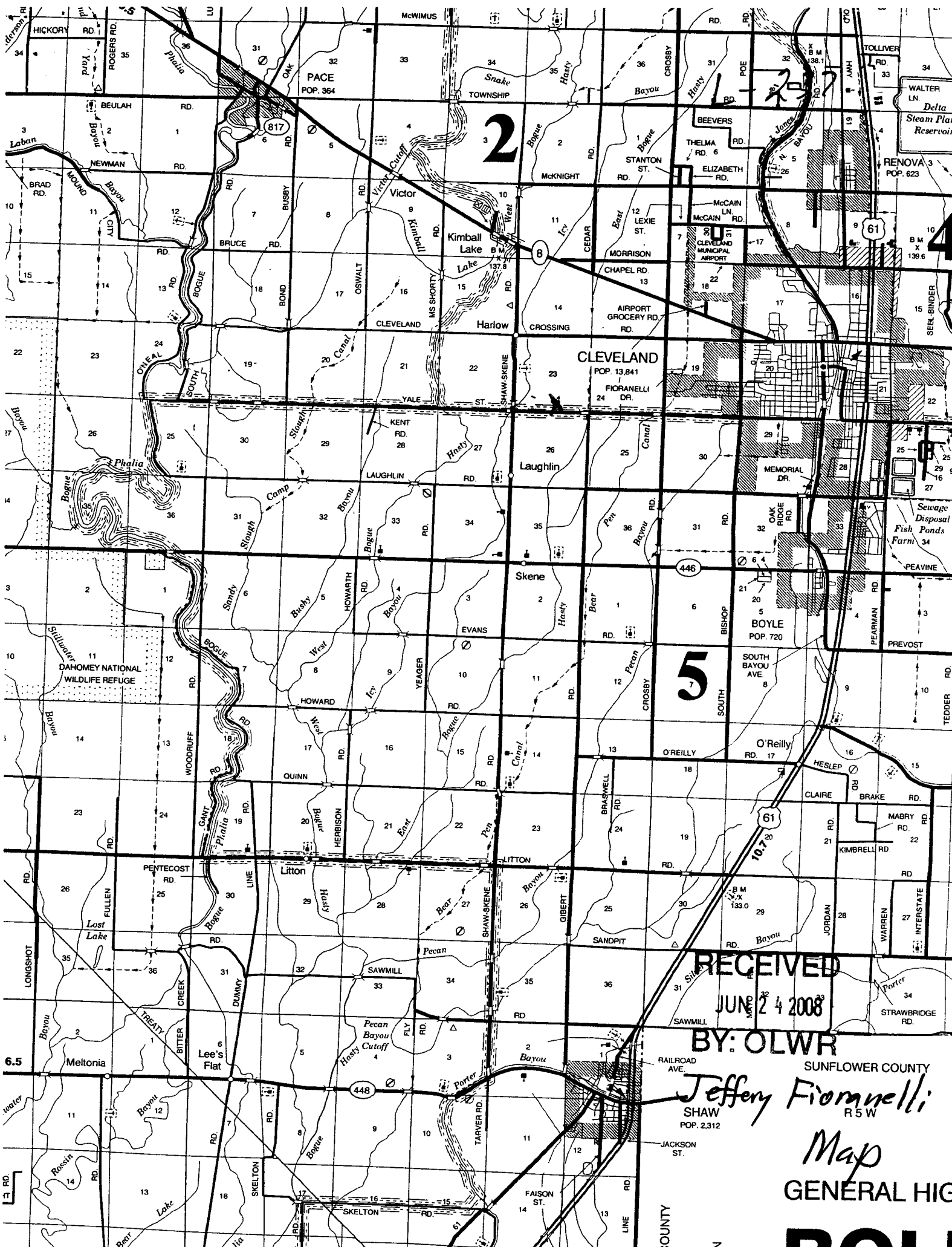
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SUNFLOWER COUNTY

Jeffery Fioranelli
R5W

SHAW
POP. 2,312

Map
GENERAL HIGHWAY

ROLL