

### State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(801)961- 5210  
(801)961- 5228 (fax)

For Office Use Only:

Aquifer \_\_\_\_\_  
Well # L-238  
I. S. Elevation \_\_\_\_\_  
E-log # \_\_\_\_\_

County Bolivar  
Permit # \_\_\_\_\_  
Driller Ronnie Dill  
Date drilling completed: 6-21-08

*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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Rizzo Farms</u>	Latitude: <u>33° 44' 59"</u> Longitude: <u>90° 50' 14"</u>
Mailing Address: <u>2904 Hwy 8 West</u>	Method of Locating (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cleveland MS 38732</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 17 Twn 22N Rng 6W</u>
Telephone No. <u>(662) 843-5942</u>	Distance _____ Direction _____ Nearest Town _____ Miles of

see questionable

**Well / Borehole Data**

Date drilling started: 6-21-08 Date drilling completed: 6-21-08 Hole depth: 130' Hole diameter: 26"

Location of the source of any surface water used for drilling: Rice field  
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 (check 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 (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 6-27-08

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 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 80 feet to 130 feet

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

Form: OLWR-SWR-1A (04/08)

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-238  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: John Rybolt IV  
 Date completed: 6-23-08  
 Com: information from back 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>Rizzo Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2904 Hwy 8 west</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17 T 22N R 6W</u>
Telephone No <u>(662) 843-9942</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b>	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): <u>540mersible</u>
Other (specify): _____	Horse Power Rating of Motor: <u>40hp</u>
Date Pump Installed: <u>6-23-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <b>Electric Measuring Line</b> Steel Tape
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller  
 Signature of Pump Installer

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Form: OLWR-SWR-1B (04/08)

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