

County: Bolivar
 Permit #: GW-44384
 Driller: Pete Sapping
 Date drilling completed: 8-5-10

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: L 254
 Well #: _____
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Phillip Rizzo</u>	Latitude: <u>33° 46' 07.5"</u> Longitude: <u>90° 50' 12.4"</u>
Mailing Address: <u>2904 Hwy 8 West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Cleveland</u> <u>Ms.</u> <u>38732</u> City State Zip Code	<u>N 1/4 46 1/4 Sec 8 Twn 22N Rng 6W</u>
Telephone No. () <u>NA</u>	Distance Direction Nearest Town <u>7 Miles W of Cleveland</u> <u>3/4 mi S of Hwy # 8</u>

Well / Borehole Data

Date drilling started: 8-5 Date drilling completed: 8-5 Hole depth: 100 Hole diameter: 28"

Location of the source of any surface water used for drilling: Babe Baran
 Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite 0.10 ppm

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: 39' feet above or below (circle one) land surface Date measured: 8-6-10

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC-40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC-40

Screen slot size: 1032 inches Setting depth: From 60 feet to 100 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level *→* 6W44384

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
<i>Clay</i>	<i>0</i>	<i>35</i>
<i>Fine Sand</i>	<i>35</i>	<i>37</i>
<i>Coarse Sand + Gravel</i>	<i>37</i>	<i>100</i>

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) a north arrow.

See Attached Map

Landowner Name: *Phillip Rizzo*

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

I 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.

Pete Sappington 0430
Print Name of Responsible Licensee and License No.

8-8-10
Date

Pete Sappington
Signature of Licensee

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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
(401) 854-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: L254

Elevation: _____

County: Bolivar
Permit #: GW44384
Driller: _____
Date completed: 6-19-10
Case information from block 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 <u>N33°46.12E</u> Longitude <u>W90°50.204</u>
Mailing Address: <u>2904 HWY 8 West</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ⁰⁷ <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> ¹²
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 8 T22N R6W</u>
Telephone No. <u>662 719-9942</u>	Distance Direction Nearest Town <u>1 Miles East of Pace</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-19-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>1-14"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>391</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 RPD-00000728
Print Name of Pump Installer and License No. (if applicable)

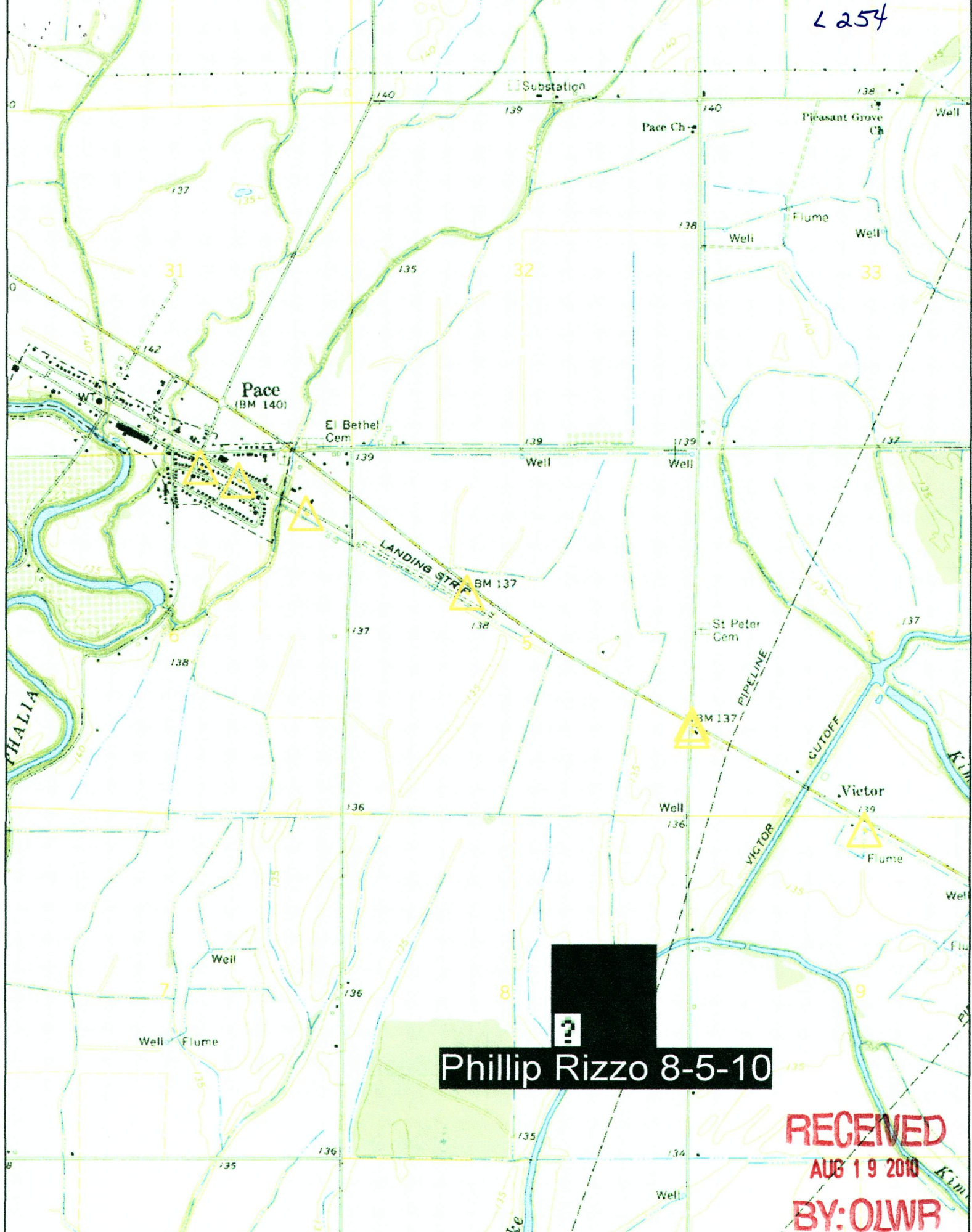
Tommy Peacock Jr.
Signature of Pump Installer

Pump installed in 16" PVC well.

Form: OLWR-GWR-18

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Phillip Rizzo 8-5-10

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