

### 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)

County: Bolivar  
 Permit # AW-46497 ✓  
 Driller: Claesence M'Murray  
 Date drilling completed: 11-28-12

For Office Use Only:  
 Aquifer \_\_\_\_\_  
 Well # M 260  
 U. 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>Fordwell Brothers Joint Venture</u>	Latitude: <u>N33° 45' 31.0"</u> Longitude: <u>W90° 45' 45.7"</u>
Mailing Address: <u>P.O. Box 1596</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Cleveland</u> MS <u>38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 18 Twn 22N Rng 05W</u>
Telephone No. ( <u>662</u> ) <u>515-8340</u>	Distance _____ Miles Direction _____ Nearest Town <u>Cleveland</u>
	<u>#1709 Well #2</u>
Well / Borehole Data	
Date drilling started: <u>11-28-12</u> Date drilling completed: <u>11-28-12</u> Hole depth: <u>128'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>near by well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>43</u> feet above or below (circle one) land surface Date measured: <u>11-30-12</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <u>If telescoped or more than one screen, describe on next page</u>	



# 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 #: M260  
 Elevation \_\_\_\_\_

County Columbia  
 Permit #: GW-46497  
 Driller: John Rebolt IV  
 Date completed: 11-30-12  
*Copy 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>Fioravelli, Brad, JV</u>	Latitude: <u>N33° 45' 31.04"</u> Longitude: <u>W 90° 45' 45.77"</u>
Mailing Address: <u>P.O. Box 1596</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarendon</u> MS <u>39732</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4</u> Sec <u>18</u> T <u>22N</u> R <u>5W</u>
Telephone No <u>(662) 515-9340</u>	Distance _____ Direction _____ Nearest Town _____
	Miles of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input checked="" type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Submersible <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>40</u>
Other (specify): _____	Setting Depth: <u>80</u> feet
Date Pump Installed: <u>11-30-12</u>	Number of Stages: <u>1</u>
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>43</u> Feet Below Land Surface	<u>Electric Measuring Line</u> <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Existing pump Form OLWR-SWR-1C (07-09)