

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: Sunflower
Permit #: GW-46508
Driller: Joel Jumper
Date drilling completed: 8-27-12

For Office Use Only:
Aquifer: _____
Well #: C127
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° 53' 09"</u> Longitude: <u>90° 38' 35"</u>
Mailing Address: <u>2904 Hwy 8 West</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Cleveland</u> <u>Ms</u> <u>38732</u>	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>05</u> Twn <u>23N</u> Rng <u>04W</u>
City State Zip Code	Distance <u>4</u> Miles Direction <u>E</u> of Nearest Town <u>Mount Bayou</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 8-25-12 Date drilling completed: 8-25-12 Hole depth: 115 Hole diameter: 2 1/2 in

Location of the source of any surface water used for drilling: Nearest Well

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: 31 feet above or below (circle one) land surface Date measured: 8-25-12

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

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 1 1/2 in inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1 1/2 in inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 115 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____

Other (describe): _____

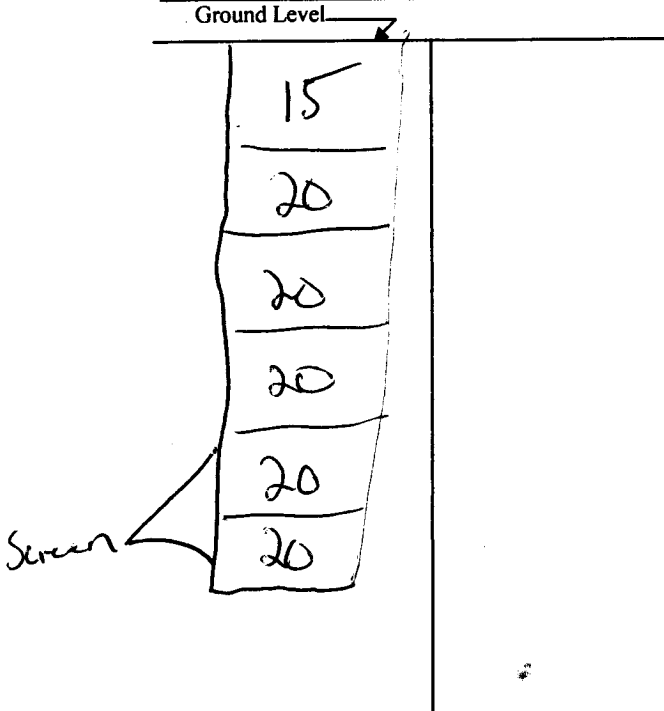
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

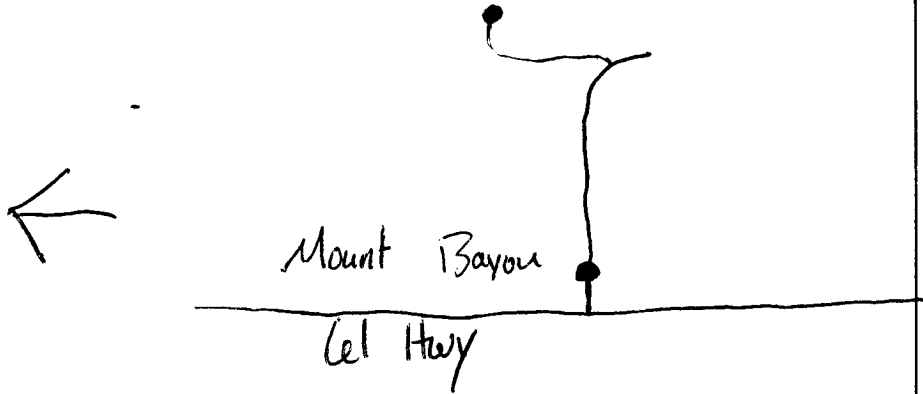


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
Clay	10	20
Clay	20	30
Fine sand	30	40
Fine sand	40	50
course sand	50	60
course sand	60	70
course sand	70	80
gravel	80	90
gravel	90	100
gravel	100	110
gravel	110	115

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.



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.

Joel Jumper RPO-0000-4842/8-27-12
 Print Name of Responsible Licensee and License No. Date

Joel Jumper
 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
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C127
 Elevation: _____

County: Sunflower
 Permit #: _____
 Driller: _____
 Date completed: 8-25-12
 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>Philip Rizzo</u>	Latitude: <u>N33°53.146'</u> Longitude: <u>W90°38.580'</u>
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 <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 6 T23N R4W</u>
Telephone No. <u>(662) 719-9942</u>	Distance Direction Nearest Town
	<u>4 Miles East of Mound Bayou</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>8-25-12</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>2800</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"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>44</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 #3409
 First Name of Pump Installer and License No. (if applicable)

Tommy Peacock
 Signature of Pump Installer

Form: OLWR58871E

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