County:	Sunflow	er
	GW 400 patrion E	80 quipment
	ling completed:	

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)

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

30 days of completion of drilling of the well.	ormer in detail and thed with the Department within				
Well Owner Information	Well Location				
Owner Name Paul Rizzo	Latitude: 33. 43.11N., Longitude: 90.34, 58W				
Mailing Address: 2223 Shaw-Skene Road	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
_Cleveland, MS 38732	1R 14 NW 14 Sec 2 Twn 21 N Rng 4W				
City State Zip Code	,				
Telephone No. (66)2-843-8108	Distance Direction Nearest Town 2 Miles West of Ruleville				
Weli I	Data				
Purpose of Well (circle one) Home Industrial Public Supply					
Date well drilling started: 3-18-05 Date v	well drilling completed: 3-18-08				
If flowing, method of flow regulation: Valve Other (d	escribe)				
Static Water Level: 25ft. feet above or celow (circle one) 1					
Method of Measurement (circle one) steel tape) electric tape	air line other:				
Hole depth: 126' Well depth: 126'					
	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 86 feet Casing diameter: 16	inches Type of casing:PVC Sch. 40				
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40				
Screen slot size:inches Setting depth: From	.87feet to126feet				
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If te	lescoped or more than one screen, describe on back of page				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Name of organization running log(s):					
I certify that the well was drilled, constructed, and completed in a	ccordance 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	Latrida M Chim				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

Customer contracted with Peacock Pump & Repair (Cleveland, MS) Note: Mailed Part 2 and Part 1 copy to Peacock Pump & Repair 4-1-05.

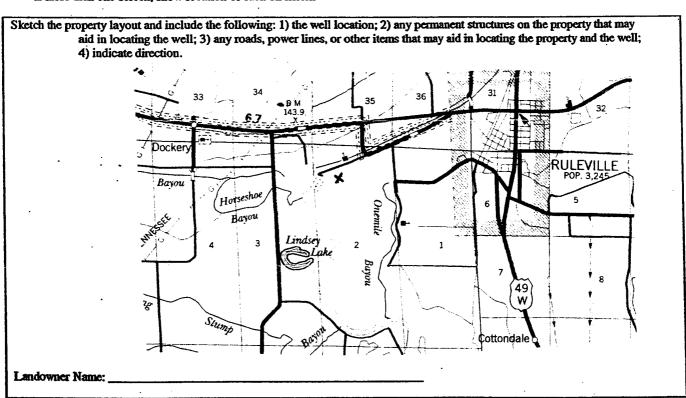
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ATT CAROLE

Ground Level G - /2/

Description of Formations Encountered	From	То
Clay .	0	26
Fine Sand	27	35
Fine Sand/gravel	36	50
Med. Sand/gravel	51	7.8
Fine Sand/Clay	79	84 126
Med. Sand/gravel	85	126
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If more than one screen, show location of each on sketch



STATE WELL REPORT

Part 2

County: Sunflower

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

(601)961-5210

For Office Use Only:		
Aquifer:		
Well #:	5-121	
Elevation:		

Jackson, MS 39289-0631 Driller: ___ Date completed: This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. Well Location Well Owner Information BY: OLWR Longitude: Paul Rizzo Latitude: Owner Name: Mailing Address: 2223 Shaw-Skene Road Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 ______1/4 Sec___ 2 ___Twfi 1 N _____ Rng__ 4 W Cleveland, MS Zip Code Nearest Town Distance Direction 662-843-8108 Miles West of Ruleville Telephone No. (**Power Type** Pump Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine **Natural Gas** Bucket Turbine **Piston** Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 3-23-05 Setting Depth: Rated Pump Capacity: 2000 Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Circle one Date Well Tested: Static Water Level (A): ______ Feet Below Land Surface Air Line **Electric Measuring Line** (Steel Tape Other (specify): ___ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: ___ Gallons Per Minute Well yielded _____GPM with a drawdown of

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	•
and the devel statements are true to the best of my knowledge.	
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer	
Print Name of Pump Installer and Linguis No. (Formillally)	
Signature of Pump Installer and License No. (if applicable) Signature of Pump Installer	

_____feet after _____hours of pumping

Duration of Pump Test (minimum 4 hours): _____hours