		State Well Report	
County: Sunflo	wer	Part 1 – Driller's Log	Aquifer:
Permit #: GW-4		Mississippi Department of Environmental Quality Office of Land and Water Resources	Well #:
Driller: Irrigat	ion Equipment	P.O. Box 2309	L.S. Eleva
Date drilling complet	rd: 01/17/2012	Jackson, MS 39225	E-log #:
		(601) 961-5210 (601) 961-5228 (fax)	
		that this report be prepared by the license holder responsib above address within 30 days of completion of drilling of th	
	Information on V	Well Owner Well or	Borehole I
(Land	owner if borehole is	not for a water well)	
•	owner if borehole is Jimmy B. Muzzi		<mark>5</mark> " Long
Owner Name	-	Latitude: <u>33</u> ° <u>33</u> ' <u>3</u>	

For Office Use Only:	
Aquifer: 5/92	
Well #:	
L.S. Elevation:	
E-log #:	

ork and filed with the orehole.

(Lando	Information on Well Owner wner if borehole is not for a water well)	Well or Borehole Location
Owner Name	Jimmy B. Muzzi	Latitude: <u>33</u> ° <u>33</u> ' <u>35</u> " Longitude: <u>90</u> ° <u>43</u> ' <u>56</u> '
Mailing Address:	844 Fairview Road	Method of Lat/Long (check one): Conventional Survey,
		USGS quad, 🛛 Hand-held GPS, 🗌 Survey-grade GPS
	Shaw Ms 38773	<b>SW</b> 1/4 SE 1/4 Sec 20 √ Twn 20N Rng 05W
	City State Zip code	SE Distance Direction Nearest Town
Telephone No.	(662) 402-8138	Miles of Shaw
	Well / Be	brehole Data
Date drilling starte	ed: 01/17/2012 Date drilling completed: 01/1	17/2012 Hole depth: 125 Hole diameter: 18"
Location of the so	urce of any surface water used for drilling: Surface	
	and volume of Chlorine used in drilling and developm	
	Il applicable): 🖾 No log run 🔲 Electric 🔲 Gamma tion running log(s):	Ray Density Sonic Neutron Other:
Purpose of boreho	le (check one): 🛛 Water Well 🗌 Geotechnical	
	Seismic Survey Other (a	
		nstruction, skip the remainder of this block
Purpose of Well (o	check one) 🔲 Home 🔲 Industrial 🔲 Public Sup	pply 🖾 Irrigation 🔲 Fish Culture 🔲 Other:
If flowing, method	of flow regulation: Valve Other (des	scribe)
	: <u>40</u> feet above or below (check one) 🗆 lar	
Method of Measur	rement (check one) 🖾 steel tape 🗌 electric tape	air line
Well depth: 125	Well grouted to a depth of <u>10</u> feet	Type of grout (check one): 🗌 Neat Cement 🖾 Bentonite 🗌 Mix
Casing length:	<b>85</b> 75 feet Casing diameter: 10	inches Type of casing: <b>PVC</b>
Screen length:	feet Screen diameter: 10	inches Type of screen: <b>PVC</b>
Screen slot size:	.050 inches Setting depth: From	<b>76</b> 15 feet to <b>115</b> feet
Type of completion	n (check all applicable): 🛛 Gravel packed 🗌 U	inderreamed 🔲 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

## The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level

хн. т.х.,

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

J192

JAN 2 7 2012 BY OLWR

Description of Formations Encountered	From (depth)	To (depth
Clay	Ground level	35
Fine Sand	36	45
Medium Sand	46	75
Course Sand & Gravel	76	115
Fine Sand	116	125
(116-125) Blanked 10' on bottom		
······		
-		

If more than one screen, show location of each on sketch

<u> </u>				
aid in	layout and include the follo n locating the well; 3) any r north arrow.	wing: 1) the well location of the second sec	on; 2) any permanent structures on her items that may aid in locating	n the property that may the property and the well;
4) a 1	norul arrow.			
				2
T				
Landowner Name:	Jimmy B. Muzzi			
			·	Form: OLWR-SWR-1A (04/08)
I certify that the well/bo	orehole was drilled, construct	ted, and completed in ac	cordance with all applicable require	ments of the
Mississippi Department	t of Environmental Quality a	nd the Mississippi Depar	tment of Health regulations, if app	licable, and state
laws.				
Patrick Chism / Irrig Print Name of Responsible Lic	ensee and License No.	01/23/2012 Date	Jahr	· <u> </u>
		Date	Signature of Licensee	

## STATE WELL REPORT

County:	Sunflower	r
Permit #:	GW-456	72
Driller:	Irrigation	<b>Equipment</b>
Date drilling completed: 01/17/2012		
<u>Copy inf</u>	ormation from	n block on Part 1

••••

## 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 #:	J192	_
Elevation:		_

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: Jimmy	B. Muzzi		Latitude: 33 33	'35 N Longitude:	90 43' 56 W
Mailing Address: 844 Fairview Road			Method of Lat/Lor	ng (check one): Conver	ntional Survey,
			USGS a	uad, 🛛 Hand-held GPS,	Survey-grade GPS
Shav	w	Ms 38773		<u>'4 Sec 20</u> T	
City		State Zip code	Distance		
Telephone No. (662)	402 8138				Town
	402-0130		Miles	of	
	Pump Type Check one			Power Type Check one	
🗌 Air Lift	🗌 Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well		Other (specify):	
Other (specify):			Horse Power Ratin	g of Motor: 15	
Date Pump Installed: 0	1/18/2012		Setting Depth: 7		
Rated Pump Capacity	550-750	Gallons Per Minute	Number of Stages:	1	
	Pump Test Data		M	lethod of Measuring Water Check one	r Level
Date Well Tested:			🗌 Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A):	]	Feet Below Land Surface	Other (specify):		-
Pumping Water Level (B)	):1	Feet Below Land Surface			
Drawdown [(B) - (A)]:	1	Feet Below Land Surface	For flowing well, m	neasured shut in head:	feet
Test Pumping Rate:		Gallons Per Minute	Well yielded	GF	PM with a drawdown of
Duration of Pump Test (n	ninimum 4 hours):	hours			
This is for (check on	ie): New V	Weil Replacem	ent of Existing Pump	Repair of Existing Pu	mp
I HEREBY CERTIFY th	at the above statemer	its are true to the best of my	y knowledge.		]
Patrick Chism / Irri	igation Equipment	t 01/23/2012	PT-		
Print Name of Pump In:	staller and License N	o. (if applicable)	Signature o	f Pump Installer	A start of the second s
	·····			Fo	m DEWR-SWR 1027092012
Form provided by Forms On	-A-Disk · 214-340-9429	· FormsOnADisk.com			MIND
					BY: ULIVIL