County:	Suffuser
Permit #:	GW-47449
Driller:	Tommy Peacock
ł	ng completed: 7/9/13

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 39225-2309 (601)961-5210

(601)360-0535 (fax)

For Office Use Only:
Well #: JQCC
Aquifer:
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.

- of the state and the state and the state of the state o	interior of arming of the west or borerose.				
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location				
Owner Name: Vincent Muzzi	Latitude: 33-34-21 Longitude: 90-43-47				
A 1	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 48 Muzz. Road	USGS quad, Hand-held GPS_X_, Survey-grade GPS				
Shaw MS 39773 City State Zip Code	NE 4 NE 4, Sec ZO T ZON ROSW				
•	B Miles SE of Shaw				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
	orehole Data				
Date drilling started: $7/9/13$ Date drilling completed:	7/9/13 Hole depth: 125 Hole diameter: 20"				
Location of the source of any surface water used for drilling	ng: Ditch I mile Fast of well site				
Method of dosing and volume of Chlorine used in drilling a					
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:				
Name of organization running log(s):					
Purpose of borehole (circle one) Water Wel Geotechnic	cal/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe)				
If drilling is not related to water well co	onstruction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial					
Other (describe):					
If a flowing well, method of flow regulation: Valve	Other (describe)				
Static Water Level:feet [above or below] (circle one)	land surface Date measured:				
Method of measurement (circle one): Steel tape	ape Air line Other (<i>describe</i>):				
Well depth: 125 Well grouted to a depth of: 10 fe					
Casing length: <u>\$5'</u> feet Casing diameter:	10" inches Type of casing: PVC				
Screen length: 40' feet Screen diameter:					
Screen slot size:050_inches Setting depth:	••••				
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet					
If telescoped or more than o	ne screen, describe on next page				

Form: OLWR-SWR-1A (4/13)

County: Surflower				For	Office Use	Only:
Permit #: GW-47	449			}	J200	
L				L		
The sketch below only req	nuired for water wells		of formations enc iles, unless specific			
If well telescopes, show de	epths on sketch.	Description	of Formations Encou	intered	From (depth)	To (depth)
Ground Level		sand	+ clay	a itereo	Ground level	is (deptil)
sond + clay	15'	Clay			15	35
		Send	un send		35 45	45 55
clay	го'	7		se sund	55	75
sand/clay mix	10'	medium Conse	edium send send /com send temed	e sond	75 85 95	85 95 105
med sund	10'	4' clay	Jean sine	1 tored	105	115
makeral / coarse sand	70'		3			
sond	10'		N			
souch / coarse	10'					
course sand +	w'				-	
4 day Larres and	10'					
Course sand t-groud If more than one screen, show	W ' w location of each on sketch					
3) any roads, power lines 4) north arrow	d include the following: ares on the property that may ai are, or other items that may aid in	id in locating th locating the pr	ie well roperty and the well		REC	
Landowner Name:						
requirements of the Mississ if applicable, and state law	e well/borehole was drilled, sippi Department of Environ ws.	constructed, mental Qualit	and completed in y and the Mississi	accordanc ppi Departi	e with all appl ment of Health	ncable regulations,
Tommy Pewsol Print Name of Responsible	Lic#8409 Licensee and License No.	8/6/13 Date		Signatur	e of Licensee	

STATE WELL REPORT

County: Sunflower Permit #: GW - 47449 Driller: Towny Persuk Date completed: 7/10/13 Capy information from block on Part 1

Print Name of Pump Installer and License No. (if applicable)

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309

P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For Office Use Only:
Well #: _JQCC
Aquifer:

(601) 360-0535 (fax)
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: Vincent Muzzi Latitude: 33-34-21 Longitude: 90 - 43 - 47
Mailing Address: 48 Muzzi Ross Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS_X, Survey-grade GPS
Shall MS 38773 AIE W AIE W See 20 T 244 D 2013
Telephone No. ()
Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 7/10/13 Rated Pump Capacity: 600 Gallons Per Minute
is this Pump (circle one): (New Repaired Replacement
Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 15 Setting Depth: 80 feet Number of Stages: 1 8"
Pump Test Data for Non Flowing Well
Date Well Tested: Duration of Pump Test (minimum 4 hours):hours
Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface
Orawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute
Wethod of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Pump Test Data for Flowing Well Weasured shut in head:feet.
Moli violated
Well yieldedGPM with a drawdown offeet afterhours of pumping
Meter Installation Meter Manufacturer: Meter Serial Number: 31
Meter Manufacturer: Meter Serial Number: SY
Meter Model Number/Name: Type of Meter:
otalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
nstallation Date: Meter installed by:
s This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.
HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)