County:	Washington		
Permit #: Irri Driller:	MS6W gation	40367 Equipment	
-	ling completed:	9-20-05	

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:	
Well #: <u>C - 98</u>	
L. S. Elevation:	
E-log #:	

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Gus & Jeff Pieralisi Owner Name	Latitude: 33 . 28 . 50 N Longitude: 90, 48, 01 W
Mailing Address: 196 Longswitch Road	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
	NW _{1/4} SE _{1/4} Sec 22 Twn 19N Rng 6W
Leland, MS 38756	
City State Zip Code	Distance Direction Nearest Town 7 Miles NE of Leland
Telephone No. ()	
Well 1	Data
	Pivot
Purpose of Well (circle one) Home Industrial Public Supply	Urrigation Fish Culture Other:
Date well drilling started: $9-20-05$ Date v	well drilling completed: 9-20-05
If flowing, method of flow regulation: Valve Other (d	escribe)
Static Water Level: 27 feet above or below (circle one) l	and surface Date measured: $9-23-05$
Method of Measurement (circle one) teel tape electric tape	air line other:
Hole depth: 126' Well depth: 126'	Well grouted to a depth of 10 feet
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 _	87 feet to 126 feet
Type of completion (circle all applicable): Gravel packed Under	rreamed 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): Wo 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	accordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi De	
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrick McKin
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

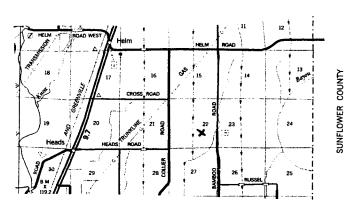
C-

Ground Level

Description of Formations Encountered	From	То
Clay	Τ0	19
Fine Sand	20	35
Fine Sand/gravel	36	6.0
Med. Sand/gravel	61	126
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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) indicate direction.



Landowner Name:	

Signature of Water Well Contractor

STATE WELL REPORT

County: Washington Permit#MS6W40367 Irrigation Equipment Driller: Date completed:

E 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

For Office Use Only:			
Aquifer:			
Well #:	C-98		
Elevation	:		

	·	(601)	354-6938 (fax)	Elevation:
This report :		y the pump installer in de	tail and filed with the Departn	nent within 30 days of the
	Well Owner Infor		W	ell Location
Gus Owner Name:	& Jeff Pie	ralisi	Latitude:	Longitude:
	196 Longsw	itch Road	Method of Lat/Long (circle	-
			USGS quad, Har	nd-held GPS, Survey-grade GPS
	Leland, MS City Sta	38756	NW _{1/4} SE _{1/4} Sec_2	2 _{Twn} 19N _{Rng} 6W
	City Sta	te Zip Code	Distance Direction	
Telephone No. (_			7Miles _NE	ofLeland
	Pump Type Circle one			Power Type Circle one
Air Lift	Jet	Submersible	Diesel Engine Gasol	line Engine Natural Gas
Bucket	Piston	urbin	Electric Motor Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill Other	r (specify):
Other (specify): _		· · · · · · · · · · · · · · · · · · ·	Horse Power Rating of Moto	or:60
Date Pump Install	led: 9-23-	05	Setting Depth:	50 <u>feet</u>
Rated Pump Capa	city:	Gallons Per Minute	Number of Stages:	2
	Pum p Test Da	ita		leasuring Water Level Circle one
Date Well Tested:	: <u></u>	· · · · · · · · · · · · · · · · · · ·	Air Line Electric Me	
Static Water Leve	el (A):F	eet Below Land Surface	İ	assume Line Seel rape
Pumping Water L	evel (B):F	eet Below Land Surface	Onioi (speedly).	
Drawdown [(B) - (A)]:Feet Below Land Surface		For flowing well, measured	shut in head:feet	
Test Pumping Rat	te:	Gallons Per Minute	Well yielded	GPM with a drawdown of
			1	hours of pumping

I HEREBY CERTIFY that the above statements are true to the bes	
Patrick M. Chism 0695	Patris M Chin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED

OCT 17 2005

BY: OLWF