

# 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)

County: Washington

Permit # MS6W-40407  
Irrigation Equipment  
Driller: \_\_\_\_\_

Date drilling completed: 10-20-05

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: C-99

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.

Well Owner Information	Well Location
Owner Name <u>Gus &amp; Jeff Perialisi</u>	Latitude: <u>33° 26' 93" N</u> , Longitude: <u>90° 49' 18" W</u>
Mailing Address: <u>196 Longswitch Road</u>	Method of Lat/Long (circle one): <u>5' 3" 111</u> Conventional Survey,
<u>Leland, MS 38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW ¼ SE ¼ Sec 33 Twn 19N Rng 6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>5 Miles NE of Leland</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Pivot Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 10-20-05 Date well drilling completed: 10-20-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 10-25-05

Method of Measurement (circle one) Steel 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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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 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 accordance 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

*Patrick M. Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

NOV 07 2005

BY: OLWR



GW 40407

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)

County: Washington
Permit # MS 6W 40392
Irrigation Equipment
Driller:
Date completed: 10-25-05

For Office Use Only:
Aquifer:
Well #: C-99
Elevation:

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 Owner Information: Gus & Jeff Pieralisi
Mailing Address: 196 Longswitch Road
Leland, MS 38756
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Distance, Direction, Nearest Town

Pump Type: Turbine
Power Type: Diesel Engine
Date Pump Installed: 10-25-05
Rated Pump Capacity:
Setting Depth: 50 feet
Number of Stages: 2

Pump Test Data: Date Well Tested, Static Water Level, Pumping Water Level, Drawdown, Test Pumping Rate, Duration of Pump Test
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape

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

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NOV 07 2005
BY: OLWR