_{County:} Washington
Permit #MS6W-40407 Irrigation Equipment Driller:
Date drilling completed: 10-20-05

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 #:	-69
L. S. Elevation:	
E-log #:	· · · · · · · · · · · · · · · · · · ·

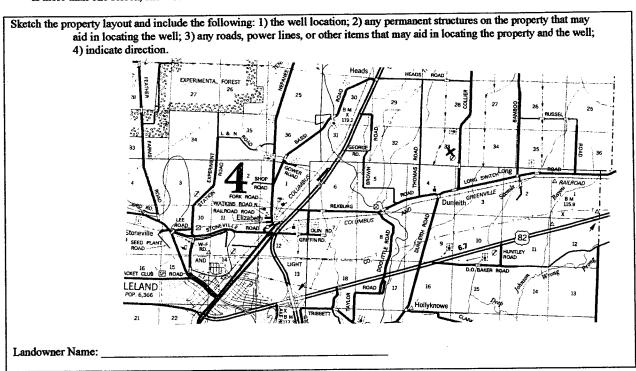
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well

30 days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Gus & Jeff Pieralisi	Latitude: 33 . 26 ,93N, Longitude: 90 . 49 ,18W,
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 33 Twn 19N Rng 6W
Leland, MS 38756	
City State Zip Code	Distance Direction Nearest Town 5 Miles NE of Leland
Telephone No. ()	or
TT7. 10 T	
Well I	" "
Purpose of Well (circle one) Home Industrial Public Supply	Pivot Fish Culture Other:
Date well drilling started: 10-20-05 Date w	well drilling completed: 10-20-05
If flowing, method of flow regulation: Valve Other (de	escribe)
Static Water Level: 23' feet above of below (circle one) le	and surface Date measured: 10-25-05
Method of Measurement (circle one) seel 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 Bentonile 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: <u>. 050</u> 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 tel	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	accordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.
Irrigation Equipment Inc.	1) to me all
Patrick M. Chism 0695	Paris M Che
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

Ground Level

Desc	ription of Formations Encountered	From	To
Clay		0	25
Fine	Sand /	26	35
Fine	Sand/gravel	36	45
Med.	Sand/gravel	46	126
			
			
1			

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



Signature of Water Well Contractor

GW 40407

County: Washington Permit#MS(W +393, Irrigation Equipment Driller:_____ Date completed: 10-25-05

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)

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

Well Owner Information	Well Location
Owner Name: Gus & Jeff Pieralisi	Latitude: Longitude:
Owner Name: Gus & Dell Fleidlist	Lantinde: Longitude.
Mailing Address: 196 Longswitch Road	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Leland. MS 38756	NW 1/4 SE 1/4 Sec 33 Twn 19N Rng 6W
Leland, MS 38756 City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	
Римр Туре	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbino	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 40
Date Pump Installed: 10-25-05	Setting Depth: 50 feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 2
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
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:feet
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.

RECEIVED

NOV 0 7 2005

BY: OLWR