

County: Washington
 Permit #: GW-44306 ✓
 Driller: Irrigation Equipment
 Date drilling completed: 5-28-2010

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: C 117
 Well #: _____
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Gus Pieralisi & Sons</u> Mailing Address: <u>196 Longswitch Road</u> <u>Leland MS 38756</u> City State Zip Code <u>662-207-0215</u> Telephone No. () _____		Well or Borehole Location Latitude: <u>33 26 56.8</u> Longitude: <u>90 49 46.9</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS NW ¼ SW ¼ Sec <u>33</u> Twn <u>19N</u> Rng <u>6W</u> Distance <u>1.2</u> Miles Direction _____ Nearest Town <u>Leland</u>
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Well / Borehole Data

Date drilling started: 5-28 Date drilling completed: 5-28 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 5-31-2010

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: .050 inches Setting depth: From 86 feet to 125 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 next page*

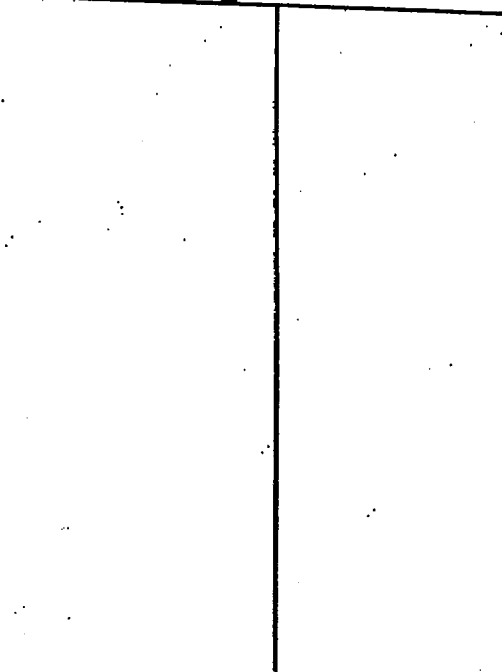
Form: OLWR-SWR-1A (04/08)

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 BY: CHANE

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →



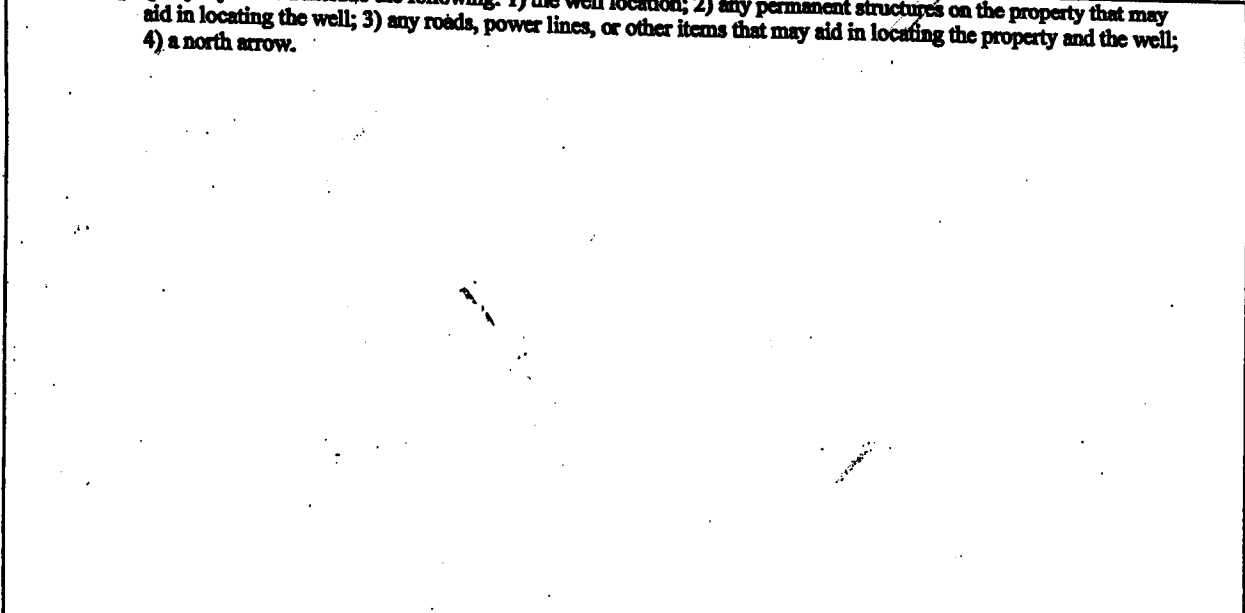
C117

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	29
Fine sand	30	62
Med. sand	63	73
Med. sand/gravel	74	84
Coarse sand/gravel	85	104
Med sand/gravel	105	125

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) a north arrow.



Landowner Name: Gus Peralisi & Sons

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism 0695 

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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County: Washington
 Permit #: GW-44306
Irrigation Equipment
 Driller: _____
 Date completed: 5-28-2010
Copy information from block on Part 1

STATE WELL REPORT

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 #: C117
 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: <u>Gus Pieralisi & Sons</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>196 Longswitch Rd</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Leland MS 38756</u>		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
City State Zip Code		_____ 1/4 _____ 1/4 Sec <u>33</u> T <u>19N</u> R <u>6W</u>	
Telephone No. () _____		Distance _____ Miles	Direction _____ of Nearest Town <u>Leland</u>

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>5-31-2010</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>2500 ±</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level		
		Circle one		
Date Well Tested: _____		Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): _____ Feet Below Land Surface		Other (specify): _____		
Pumping Water Level (B): _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: _____ Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: _____ Gallons Per Minute				
Duration of Pump Test (minimum 4 hours): _____ hours				

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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 _____

Form: OLWR-SWR-1C (07-09)

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