

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 #: E 214
Aquifer: _____
E-Log #: _____

County: WASHINGTON
Permit #: GW-47278 47392
Driller: J. NEWCOME OTTB
Date drilling completed: 7.3.2013

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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Gus PERALISI & SONS</u>	Latitude: <u>33°23'04</u> Longitude: <u>090°55'13"</u>
Mailing Address: <u>196 LONG SWITCH ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>LELAND</u> MS <u>38756</u>	USGS quad _____, <u>SE NE 1/4 NE 1/4, Sec 28 T 18N R 05W</u>
City State Zip Code	<u>2</u> Miles <u>S.W.</u> of <u>LELAND</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7.3.13 Date drilling completed: 7.3.13 Hole depth: 101 Hole diameter: 24"

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: P.J.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.J.C.

Screen slot size: .050 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

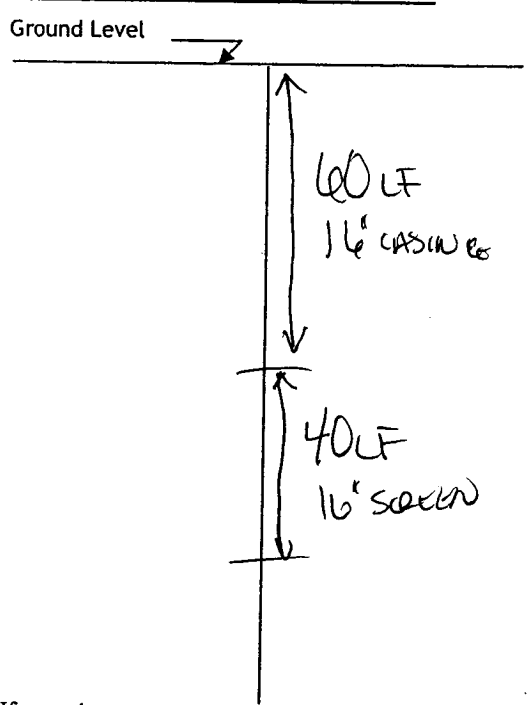
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

County: Washington
 Permit #: _____

For Office Use Only:
 Well #: E214

*The sketch below only required for water wells
 If well telescopes, show depths on sketch.*



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

*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)
TOP SOIL	Ground level	10
CLAY	10	25
SAND	25	50
FINE SAND	50	60
MEDIUM SAND	60	70
COARSE SAND / PEBBLES	70	99
BOTTOM	99	101

- 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) north arrow

SEE MAP

Landowner Name: _____

I HEREBY 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.

JOHN NEWCOME 0773 7.3.2013 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

GW47392

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: E214

Aquifer: _____

County: Washington
 Permit #: GW-47278
 Driller: J. Newcome 0-773
 Date completed: 7-3-2013
 Copy information from block on Part 1

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>Bus Pieralisi & Sons</u>			Latitude: <u>33 23 04</u> Longitude: <u>90 55 13</u>	
Mailing Address: <u>196 Longswitch Road</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Leland</u>	<u>MS</u>	<u>38756</u>	<u>SE 1/4 NE 1/4, Sec 28 T 18N R 07W</u>	
City	State	Zip Code	<u>2</u> Miles <u>S.W.</u> of <u>Leland</u>	
Telephone No. () _____			(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-6-13 Rated Pump Capacity: 2500 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: 60 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet. Not Tested
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: No Meter Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is 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.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Hubbard Stephens 741-P 7-31-13 Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer