

Replacement for GWOSS16

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

Top of tap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page

Other (describe): _____

Type of completion (circle all applicable): Cravel packed Undreamed Telescoped Open hole Natural Development

Screen slot size: .032 inches Setting depth: From 74 feet to 114 feet

Screen length: 410 feet Screen diameter: 16 inches Type of screen: PVC 5/4 410

Casing length: 74 feet Casing diameter: 16 inches Type of casing: PVC 5/4 410

Well depth: 114 feet Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 12-18-09

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

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

If drilling is not related to water well construction, skip the remainder of this block

Seismic Survey _____ Other (describe) _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump _____

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

Name of organization running log(s): _____

Method of dosing and volume of Chlorine used in drilling and development: Old well near site

Location of the source of any surface water used for drilling: Old well near site

Date drilling started: 12-18 Date drilling completed: 12-18 Hole depth: 114 Hole diameter: 28"

Well / Borehole Data

Information on Well Owner (Landowner if borehole is not for a water well)

Owner Name: Rodrigoni Farms

Mailing Address: 1215 May St

City: _____ State: _____ Zip Code: 38614

Telephone No. (662) 624-2868

Well or Borehole Location

Latitude: 33° 55' 37.8" Longitude: 90° 45' 27.49"

Method of Lat/Long (circle one): Hand-held GPS Survey-grade GPS

USGS quad, Hand-held GPS Survey-grade GPS

NE 1/4 NE 1/4 Sec. 09 T24N R10W

Distance 1 1/2 Miles Direction SW of Nearest Town Schelyby

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.

For Office Use Only:

Acquirer: D 167

Well #: _____

L. S. Elevation: _____

E-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)

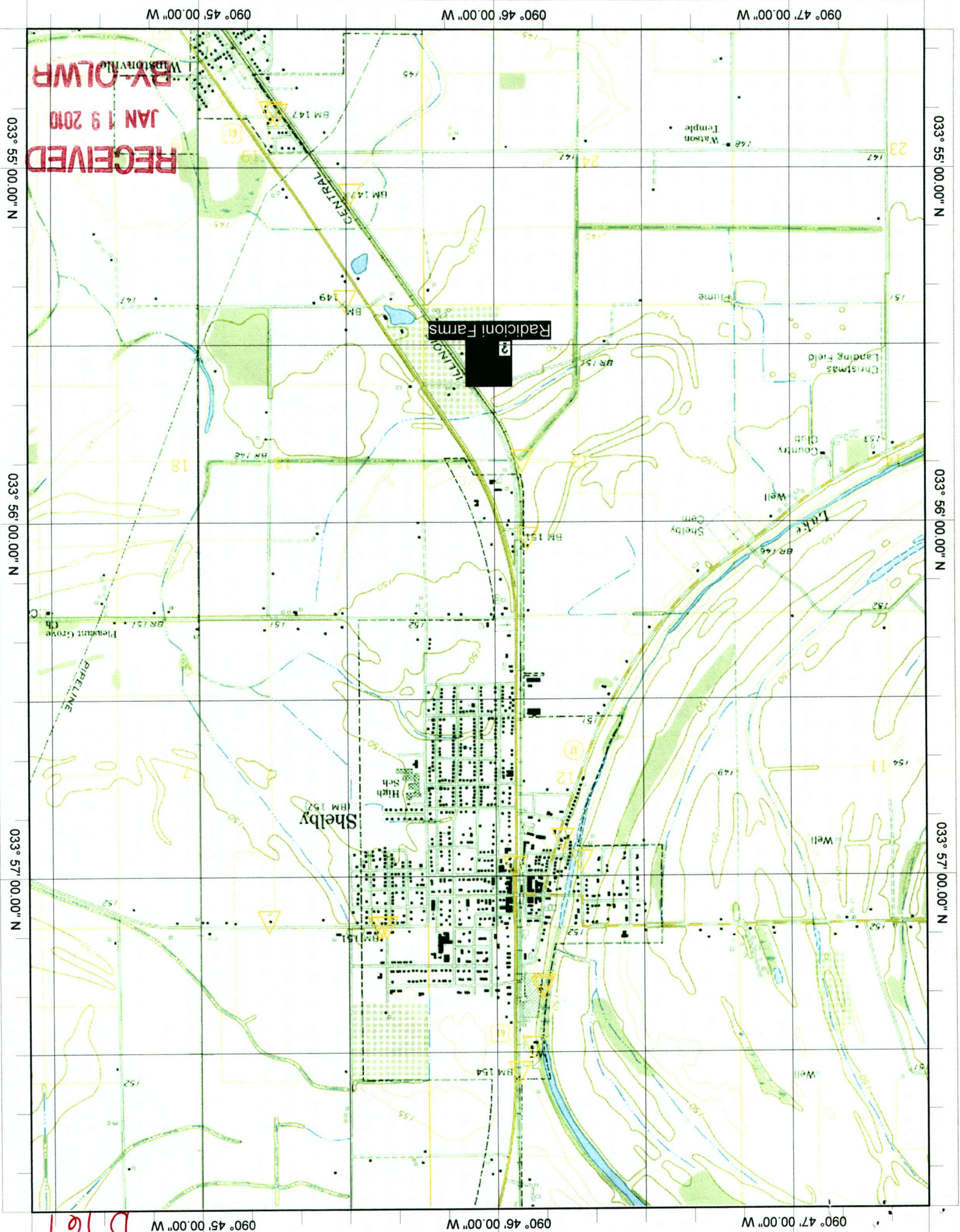
County: Bolivar

Permit #: _____

Driller: Pete Sappington

Date drilling completed: 12-18-09

File # 9530



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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:

Acquirer: D H 67

Well #: _____

Elevation: _____

County: Bolivar

Permit #: _____

Driller: PETE SAPPINER

Date completed: 12-8-09

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

Owner Name: RADICIONI FARMS

Mailing Address: 1215 MAY ST

City: CLARKSON, MS State: MS Zip Code: 38614

Telephone No. (601) 624-2868

Well Location

Latitude: 33° 55' 19.8" Longitude: 90° 45' 49.2"

Method of Lat/Long (check one): Conventional Survey

USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____

Distance _____ Miles _____ of _____ Nearest Town _____

Pump Type

Circle one

Air Lift _____ Jet _____ Submersible _____

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 3-5-10

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Natural Gas _____ Diesel Engine _____

Electric Motor _____ Hand _____ Tractor PTO _____

Windmill _____ Other (specify): _____

Horse Power Rating of Motor: 80

Setting Depth: 80 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: _____

Static Water Level (A): _____ Feet Below Land Surface 40

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line _____ Electric Measuring Line _____ Steel Tape

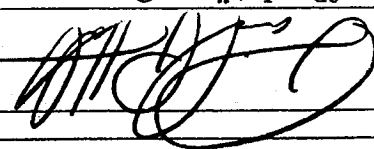
Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____

_____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer: 

Print Name of Pump Installer and License No. (if applicable): David P. Holt 0-752P

APR 07 2010

BY: OLWMP

Job 9530

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