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)

County: Sharkey
Permit #: GW 45452 ✓
Driller: Irrigation Equipment
Date drilling completed: 8-16-2011

For Office Use Only:
Aquifer: _____
Well #: C205 2C5
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.

Farmer: Durst & Durst
Box 156 Anguilla MS

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

Owner Name: Caselli & Caselli
Mailing Address: 373 Sago Road
Nitta Yuma MS 38721
City State Zip Code
Telephone No. (____)_____

Well or Borehole Location

Latitude: 33 ° 00 ' 01.5 " Longitude: 90 ° 53 ' 48.3W "
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW ✓ ¼ NW ✓ ¼ Sec 2 ✓ Twn 13N ✓ Rng 7W ✓
Distance _____ Miles Direction _____ of Nearest Town Nitta Yuma

Well / Borehole Data

Date drilling started: 8-16-2011 Date drilling completed: 8-16-2011 Hole depth: 117 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: 50PPM
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 X 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 X Fish Culture ___ Other: Replacement
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: 8-17-2011
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
Casing length: 77 total 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 ~~75~~ 74 feet to 114 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: OLWR

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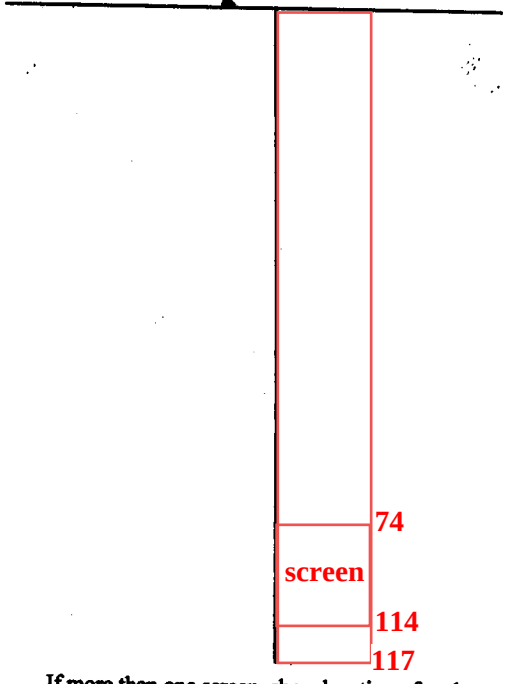
The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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)
Clay	Ground Level	22
fine sand	23	73
med. sand & gravel	74	114
fine sand	115	117

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: Caselli & Caselli GW 45452

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: Sharkey

Permit #: GW 45452

Driller: Irrigation Equipment

Date completed: 8-16-2011

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 #: C205

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

Owner Name: Caselli & Caselli

Mailing Address: 373 Sago Road

Nitta Yuma MS 38721
City State Zip Code

Telephone No. (____)

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS___, Survey-grade GPS___

SW ¼ NW ¼ Sec 2 T 13N R 7W

Distance _____ Miles Direction _____ of Nearest Town Nitta Yuma

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	(Turbine)
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: 8-17-2011

Rated Pump Capacity: 2500± Gallons Per Minute

Power Type
Circle one

(Diesel Engine)	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 60

Setting Depth: 70 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: _____

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

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

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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