

Palacini #2

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 #: 0113
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: _____
Driller: J. NEWCOME
Date drilling completed: 6-16-09

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.

| Well Owner Information | Well Location |
|---------------------------------------|---|
| Owner Name: <u>Palacini Farms</u> | Latitude: <u>33.27.11</u> " Longitude: <u>90.49.32</u> |
| Mailing Address: <u>204 Bamboo Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Survey-grade GPS |
| <u>Leland MS 38156</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 33 Twn 19N Rng 6W</u> |
| Telephone No. <u>(601) 378-7967</u> | NW Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>LELAND</u> |

Well Data

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

Date well drilling started: 6-16-09 Date well drilling completed: 6-16-09

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

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

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 14 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 70 feet to 110 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 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 accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

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JUL 30 2009

BY: OLWR

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 #: C113
 Elevation: _____

County: Washington
 Permit #: _____
 Driller: J. Newcome
 Date completed: 6/16/09

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---------------------------------------|--|
| Owner Name: <u>Palacini Ferrms</u> | Latitude: <u>33° 27' 11"</u> Longitude: <u>90° 49' 30"</u> |
| Mailing Address: <u>204 Bamboo Rd</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>Leland MS 38756</u> | USGS quad <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NE</u> ¼ <u>NW</u> ¼ Sec <u>33</u> Twn <u>19N</u> Rng <u>6W</u> |
| Telephone No. <u>(601) 378-7967</u> | NW Distance Direction Nearest Town |
| | <u>4</u> Miles <u>NE</u> of <u>Leland</u> |

| Pump Type Circle one | Power Type 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>600</u> |
| Date Pump Installed: <u>6/17/09</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2800</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): _____ |
| <u>NOT</u> Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| <u>Tested</u> 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 | |

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

Cony Rowe 0-711P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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JUL 30 2009
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