

PALASINI

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 #: C119
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-45044 ✓
Driller: J. NEWCOME 0.773
Date drilling completed: 6-2-2011

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>Palasini Farms</u>	Latitude: <u>33.27.21</u> " Longitude: <u>90.47.58</u> "
Mailing Address: <u>204 Bamboo Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Leland MS 38756</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>34</u> Twn <u>19N</u> Rng <u>06W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>7</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: 6-2-2011 Date well drilling completed: 6-2-2011

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: 112 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: 16 inches Type of casing: P.V.C.

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

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. Signature of Water Well Contractor

RECEIVED
OCT 13 2011
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 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Washington
Permit #: GW-45044
Driller: J. Newcome
Date completed: 6-2-2011
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: C118
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: Palagini Farms, 204 Bamboo Rd., Leland MS 38756
Well Location: Latitude 33° 27' 21" Longitude 90° 47' 58"
Method of Lat/Long: Conventional Survey
USGS quad: NW 1/4 NE 1/4 Sec 34 T 19N R 06W
Distance 7 Miles Direction NE of Nearest Town Leland

Pump Type: Turbine
Power Type: Diesel Engine
Air Lift: Jet
Bucket: Piston
Centrifugal: Rotary
Other (specify):
Date Pump Installed: 6/2/2011
Rated Pump Capacity: 2500 Gallons Per Minute
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:
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.
Cam Rowe
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

RECEIVED
Form: OLWR-SWR-10 (07-09) 2011
BY: OLWR