

# 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 #: A-40  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lovington  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 9-6-07

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>Johnny Hollingsworth</u>	Latitude: <u>31.42</u> Longitude: <u>89.41</u>
Mailing Address: <u>Water Well Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MT Olive</u> <u>MS</u> <u>39119</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 35 Twn 9N Rng 17W</u>
Telephone No. <u>(601) 299-1315</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>MT Olive</u>

**Well Data**

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

Date well drilling started: 8-23-07 Date well drilling completed: 9-6-07

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

Static Water Level: 114 feet above or below (circle one) land surface Date measured: 9-6-07

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

Hole depth: 280' Well depth: 280' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 2 inches Type of screen: Stainless Steel

Screen slot size: 0.058 inches Setting depth: From 260 feet to 280 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: 240 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.

David A. West 0-672 David A. West  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor



# 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 #: A-40

Elevation: \_\_\_\_\_

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 9-6-07

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>Johnny Hollingsworth</u>	Latitude: <u>31°42'</u> Longitude: <u>89°41'</u>
Mailing Address: <u>Water Well Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MT Olive MS 39119</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE ¼ SE ¼ Sec 35 Twn 9N Rng 17W</u>
Telephone No. <u>(601) 299-1315</u>	Distance Direction Nearest Town <u>5 Miles NW of Mt Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-6-07</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

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): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
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.

David A. West 0672 David A. West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer