

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)

County: Covington
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date drilling completed: 11-24-09

For Office Use Only:
 Aquifer: A47
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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>Ms Mary Hollingsworth</u>	Latitude: <u>31.43.15.7</u> Longitude: <u>89.42.48.8</u>
Mailing Address: <u>722 Leonard Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>MT. Olive MS 39119</u>	USGS quad: <u>SE</u> <u>1/4</u> Sec <u>28</u> Twn <u>9N</u> Rng <u>17W</u>
City State Zip Code	Distance: <u>5</u> Miles Direction: <u>SW</u> of Nearest Town: <u>MT Olive</u>
Telephone No. <u>(601) 797-3549</u>	

Well Data

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

Date well drilling started: 10-19-09 Date well drilling completed: 10-31-09

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

Static Water Level: 91' feet above or below (circle one) land surface Date measured: 11-24-09

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

Hole depth: 272' Well depth: 251' Well grouted to a depth of 14 feet

Type of grout (circle one): Cement ~~Bentonite~~ Mix

Casing length: 232 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 231 feet to 251 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): _____

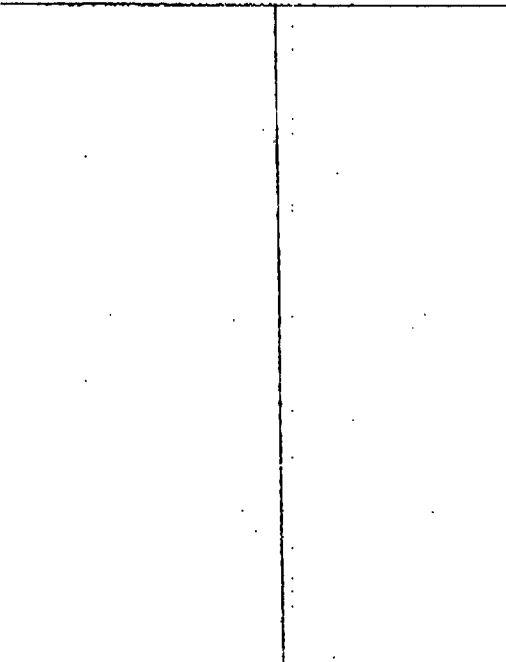
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Wilbur T. Baughman 0410 Wilbur T. Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

A 47

If well telescopes please sketch below and show depths.

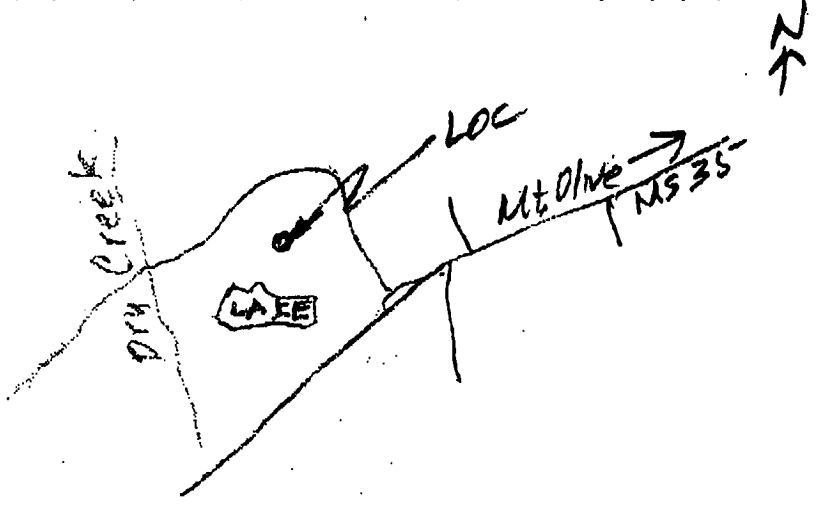
Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	20
Sand, tan	20	51
Clay, white, sandy	51	60
Sand & gravel	60	214
Clay, sandy, mixed	214	252
Sand, med to coarse	252	271
Clay	271	272

If more than one screen, show location of each on sketch

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) indicate direction.



Landowner Name: MS Mary Hollingsworth

[Handwritten Signature]
 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)

County: Covington
 Permit #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:
 Aquifer: A47
 Well #: _____
 Elevation: _____

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>MS Mary Hollingsworth</u>	Latitude: <u>31 43 15.7</u> Longitude: <u>89 42 48.8</u>
Mailing Address: <u>722 Leonard Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Mc Olive MS 39119</u>	<u>SE</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>28</u> Twn <u>9N</u> Rng <u>7W</u>
Telephone No. <u>(601) 797-3549</u>	Distance <u>NW</u> Direction Nearest Town
	<u>±5</u> Miles <u>SW</u> of <u>Mc Olive</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>11-24-09</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</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): _____
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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Wilbert T. Benjamin 0410 Wilbert Benjamin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer