County Sent Newton
Pennit #:
Diller THUMPS Delling
Date drilling completed: 9-13-06

Well Driller Report and Well Log

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 #: _J_ 91	
L. S. Elevation:	
E-log #:	

State Law requires that this report be prepared by the driller in detail and filed with the Department within

JU days of completion of drilling of the well.	
Well Owner Information	Well Location
Owner Name Michael Hollingsworthy	Patitude: 32 ° ZO. 988 " Longitude: 89 ° 12, 831 "
Mailing Address: 800 Old 80 Road	Method of Lat/Long (circle one): Conventional Survey,
	USOS quad, Hand-held O'S, Survey-grade GPS
City MS 39092 State Zip Code	SE 4 NW 4 Sec 20 Twn 6N Rng 105
Telephone No. (601) 938 - 7848	Distance Direction Nearest Town Z Miles F of Lake
Well	Data
Purpose of Well (circle one) Flome Industrial Public Supply Date well drilling started: 9-13-06 Date	te well drilling completed: $\frac{2}{-13-06}$
If flowing, method of flow regulation: Valve Other	(describe)
Static Water Level:feet above or below circle on	
Method of Measurement (circle one) steel tape electric ta	
Hole depth: 120 Well depth: 120	Well grouted to a depth of 10+ feet
Type of grout (circle one): Coment Bentonite Mi	x
Casing length: 190 feet Casing diameter: 4	inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 1/	inches Type of screen: FVC
Screen slot size: 010 inches Setting depth: From	100 feet to 120 feet
Type of completion (circle all applicable): Gravel packed Und	erreamed 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 Ra	y Density Sonic Neutron Other:
Name of organization running log(s):	
certify that the well was drilled, constructed, and completed in accordance wit Environmental Quality and/or the Mississippi Department of Health regulation:	h all applicable requirements of the Mississippi Department of saud state laws.
David 5. Thomas 0-14)	In 18 - Thomas
rint Name of Water Well Contractor and License No.	Signature of Water Well Contractor
(Armelland	5 Ten Chittable

If well telescopes please sketch below and show dopths.

Gray Clay 21	I I	Description of Formations Encountered	From	To
If more than one screen, show location of each on 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.		Prairie Clay	0	2
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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

Well #:

Aquifer:

For Office Use Only:

Date completed: 2-	14-0G		, MS 39289-0631	Elevation:				
			01)961-5210					
	(601)354 6039 (6)							
This report	I III'S report must be prepared by the nump installer in detail and great and the second							
			must be attached to	this report.	duin 30 days of the			
	A CIT CAMPEL TOTOL	rmation		Wall Location				
Owner Name:	Michael	Hollingsworth	Latitude: N 32	20.988 Longitud	de:W89°/7.831			
Mailing Address:	304 Old	80 Road	Method of LavLo	ong (circle one): Conv	S 6			
		15 00 00	USGS	quad. Mand-held GPS	S, Survey-grade GPS			
Ci	all, I	15 29092 tate Zip Code	¼	_ % Sec _ 70 Ywn	6N Rng JOE			
Telephone No. (40)	1. 120-7	210			est Town			
receptione No. (QO)	1) 450 /	040	Miles	E of LAK	<u>e</u>			
	Pump Type							
	Circle one			Power Type Circle one				
Air Lift	Jė t	Submersible	Diesel Engine	Gasoline Engine	Natural Gas			
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO			
Contribugal	Rotary	Flowing Well	Windmill	Other (specify):				
Other (specify):			Horse Power Ratin	ig of Motor:				
Date Pump Installed:			1	100	· · · · · · · · · · · · · · · · · · ·			
Rated Pump Capacity:	27	Gallons Per Minute		10				
	Pump Test Dat		Mark	-1-614				
Date Well Tested:	9-14-	06	Mein	od of Measuring Water Circle one	Level			
		eet Below Land Surface		ectric Measuring Line	Steel Tape			
Pumping Water Level ((B): <u>55+</u> Fe	eet Below Land Surface	Other (specify):					
		ect Below Land Surface	For flowing well, m	eusured shut in head:	feet			
Test Pumping Rate:	35_	Gallons Per Minute		GPM with				
Duration of Pump Test (fe	et after				
HEREBY CERTIFY that the above statements are true to the best of my knowledge.								
(4000)76.44								
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer								
		T Priodole)	Signature of Pun	ip Installer				

County Sewton

Driller _

Signature of Pump Installer