County: Sharkey

Permit #:

Driller: Irrigation Equipment

Date drilling completed: 3/3/09

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-168

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

Owner Name: Hollingsworth & Co.

Mailing Address: P.O. Box 248

Hollandale Ms. 38748
City State Zip Code

Telephone No. ( )

Well Location

Latitude: ° ' " Longitude: ° ' "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ SW ¼ Sec 12 Twn 14N Rng 7W

Distance 1 Miles Direction North of Nearest Town Panther Burn

Well Data

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

Date well drilling started: 3/3/09 Date well drilling completed: 3/3/09

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

Static Water Level: 23 feet above or (below) (circle one) land surface Date measured: 3/4/09

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

Hole depth: 149 Well depth: 149 Well grouted to a depth of 10 feet

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

Casing length: 118 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 31 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 119 feet to 149 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.

Irrigation Equipment Inc.
John P. Chism 0439

Print Name of Water Well Contractor and License No.

John P Chism

Signature of Water Well Contractor

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A- 168

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	27
Fine Sand + Clay	28	66
Medium Sand + Gravel	67	71
Clay	72	89
Fine Sand	90	117
Medium Sand + Gravel	118	149

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: Hollingsworth + Co.

John P Chum

Signature of Water Well Contractor

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STATE WELL REPORT
Part 2

County: Sharkey

Permit #:

Driller: Irrigation Equipment

Date completed: 3/3/09

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-168
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

Owner Name: Hollingsworth & Co.

Mailing Address: P.O. Box 248

Hollandale Ms. 38748
City State Zip Code

Telephone No. ( )

Well Location

Latitude: Longitude:

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ SW ¼ Sec 12 Twn 14N Rng 7W

Distance 1 Miles Direction North of Nearest Town Panther Burn

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well

Other (specify):

Date Pump Installed: 3-4-09

Rated Pump Capacity: 1150 ± Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):

Horse Power Rating of Motor: 30

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
Circle one

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

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

John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

John P Chism
Signature of Pump Installer

RECEIVED
MAR 18 2009
BY: OLWR