HOLLINESWORTH

6W45537	CARA II	7-11 D4			
•	State Well Report		For Office Use Only:		
County: Sharkey	Part 1 — Driller's Log Mississippi Department of Environmental Quality		Aquifer:		
Permit #: 6W - 33198	Office of Land and Water Resources				
Driller: J. NEWCOME 0.773	P.O. Box 2309 Jackson, MS 39225		Well #:A 203		
Date drilling completed: 3.19.2012	(601)	961- 5210	L. S. Elevation:		
Date drining completed.	(601)961- 5228 (fax)		E-log #:		
State Law requires that this repor Department at the above address					
Information on Well Owner		Well or Borehole Location			
(Landowner if borehole is not for a water well)		Latitude: 33 · Q5 ,39	" Longitude: 90.51,09,"		
Owner Name Hollingsworth and Company		Method of Lat/Long (circle or	ne): Conventional Survey		
Mailing Address: P.O. Box 248					
USGS quad, Hand-held GPS, Survey-grade GPS					
Hallandala ma	5 3874 9	NW 1/2 1/2 1/2 Sec_ 18			
<u>Itallandale Ma</u> City Stat	Distance NE Direction	Nearest Town			
Telephone No. ()		Miles SE	of HOLLANDILE 10		
Telephone 140.					
	Well / Bore	hole Data			
Date drilling started: 3.19.12 Date dri	illing completed: 3.19.2	012 Hole depth: 122	Hole diameter: 20"		
<u> </u>					
Location of the source of any surface water Method of dosing and volume of Chlorine	e used in drilling and devel	opment: CHLDRINE -	MBLETS		
Logs run (circle all applicable). No log run Name of organization running log(s):	Electric Gamma Ray	Density Sonic Neutron	Other:		
Purpose of borehole (check one): Water W	ell Geotechnical/Geol	ogical Investigation Ground	Source Heat Pump		
Seismic Survey Other (describe)					
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:					
If a flowing well, 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:					
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: Casing length: Type of casing: P.V.C.					
Screen length: 30 feet Screen	en diameter:	inches Type of screen:			
Screen slot size:050inches Setting depth: From90' reet to120feet					
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 next page					

Form: OLWR-SWR-1A (04/08)

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MAY 2 3 2012

BY: OLWR

Ground Level-

laws.

Print Name of Responsible Licensee and License No.

The sketch below only required for water wells

If well telescopes, show depths on sketch.

	│∧			
		TOP SOIL	Ground Level	10
	11	FINE, SAND	125	25
		FINE MEDIUM STRIPS	43	- 25
		COARSE SAND PERRIES	1 35	187
	90LF 10" CASING	BOTTOM	185	1
			 \CO _	
	11 17"			
	U CASING			
	₩			 .
•				
	1121.0			
****	10 scepen			
	11.8"			
	II, IU SCEEN		<u> </u>	
	+			
ketch the property layout aid in locatin 4) a north ar	ng the well; 3) any roads, power lines,	l location; 2) any permanent structures on the or other items that may aid in locating the pro	property that may perty and the well;	
aid in locatir	ng the well; 3) any roads, power lines,	l location; 2) any permanent structures on the or other items that may aid in locating the pro	property that may perty and the well;	

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

3.19.2012

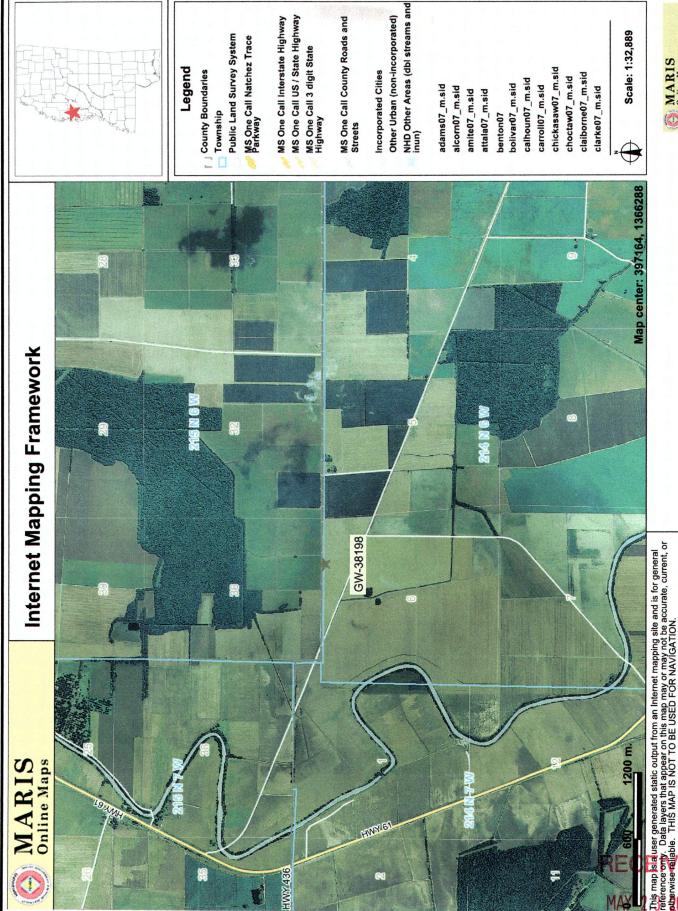
Signature of Licensee

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

From (depth) To (depth)

Description of Formations Encountered

<u>GW45537</u> STA	TE WELL REPORT					
county: Sharkey	Part 2	For Office Use Only:				
Pum	p Installer's Completion Report	Aquifer:				
- · · · · · · · · · · · · · · · · · · ·	i Department of Environmental Quality ce of Land and Water Resources	Well #: A 203				
Driller: J. Newcome 0773	P.O. Box 2309	i				
Date completed: 3-19-2012	Jackson, MS 39225 (601)961-5210	Elevation:				
Copy information from block on Part 1	(601)961-5228 (fax)					
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 D Well Owner Information	repartment at the above address within 30 to We	days of well completion.				
Owner Name: Hollingsworth and Con	npany Latitude: 33 05 39	Latitude: 33 05 39 Longitude: 90 51 09				
Mailing Address: P.O. Box 248	, ,	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad . Hand-held	USGS quad, (Hand-held GPS)_, Survey-grade GPS				
Hollandale MS 387		<i>J</i> 1				
City State Zip C	ode NE	NW 4 SW 4 Sec 19 T 14N R 05W Distance NE Direction Nearest Town 06W				
Telephone No. ()	Distance Direction Miles	Nearest Town				
Pump Type	Po	ower Type				
Circle one Air Lift Jet Submersibl		Circle one ne Natural Gas				
Bucket Piston Turbine	Electric Motor Hand	Tractor PTO				
Centrifugal Rotary Flowing W	ell Windmill Other	(specify):				
Other (specify):	Horse Power Rating of Motor	r:_30				
Date Pump Installed: + 1212	Setting Depth:	feet				
12 30	1	· · · · · · · · · · · · · · · · · · ·				
Rated Pump Capacity: 1 O Gallons Per	Number of Stages: 1					
Pump Test Data	Method of Mo	easuring Water Level				
Date Well Tested:	_ (Circle one				
Static Water Level (A):Feet Below Land	Surface	asuring Line Steel Tape				
Pumping Water Level (B):Feet Below Land S	Other (specify):					
Drawdown [(B) – (A)]:Peet Below Land		hut in head:feet				
Test Pumping Rate:Gallons Per l	Minute Well yielded	GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):		hours of pumping				
	1000 61001	r PB				
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. RECEIVE						
Con Rous n-	JUD (J)					
Print Name of Pump Initaller and License No. (if applicable) Signature of Pump Installer MAY 2 3 2012						
		Form: OLWR-SWR-1C (07-09) BY: OLWF				
		LI. VLVVI				



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MARIS Online Maps

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