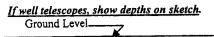
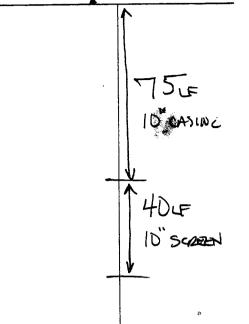
Hollinies wood == 3					
[State V	Vell Renort			
County: SHARKEY	State Well Report Part 1 – Driller's Log		For Office Use Only:		
Permit #: GW - 47271	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:		
Driller: J. NEWCOME 0.773	P.O.	Box 2309	Well#: <u>A236</u>		
Date drilling completed: 8.20.2013	(601)	n, MS 39225 1961- 5210	L. S. Elevation:		
	(601)961- 5228 (fax)		E-log #:		
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.					
Information on well Ow	ner	Well or Bo	<i>or borehole.</i> rehole Location		
(Landowner if borehole is not for	wher if borehole is not for a water well				
Owner Name Hollingsworth 2 C	MPANY	Latitude: 03.07.12	" Longitude: <u>40 . 45 . 41 "</u>		
Mailing Address: P.O. Box 248		Method of Lat/Long (circle on			
		USGS quad Hand-held	GPS Survey-grade GPS		
HOLLANDALE MS 38748 SE 4 SE 12 TWN		_Twn 14N Rng 05W			
City State	City State Zip Code Distance Direction		Nearest Town GW		
Telephone No. ()		<u>3</u> Miles EKS	of DELTA CITY		
	Well / Bore	hole Data			
Date drilling started: 8.20.13 Date drilling completed: 8.20.13 Hole depth: 117 Hole diameter: 20"					
Location of the source of any surface water used for drilling: DITCH Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TRBLETS					
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump					
Seismic Sur	veyOther (describe)				
		t, skip the remainder of this bloc			
Purpose of Well (check one): Home Indu	strial Public Supply_	Irrigation 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: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix					
Casing length: <u>75</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>P.V.C</u> .					
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>P.V.C</u>					
Screen slot size: .050 inches Setting depth: From 15 feet to 115 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 next page					
Form: OI WR-SWR 1A (04/08)					

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

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The sketch below only required for water wells





Description of Formations Encountered	From (depth)	Fo (depth)
TOP SOIL	Ground Level	10
CLAY	10	25
SANO	25	55
MEDIUM COARSE SHOW	55	හිට
COADSE SMO PEBBLE STAR	, 2 6	115
Botton	115	171
	·····	
		1
		1
		1
		<u>+</u>
	+	+
		+
		+
	<u> </u>	1

Description of formations encountered must be provided for all

wells and boreholes, unless specifically exempted by regulations

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

	etch 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) a north arrow.
Landowner Name:	

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

JOHN

NEWLONE D.7 Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE W	ELL REPORT			
County: Sharkey	Part 2	For Office Use Only:		
Pump Installe	r's Completion Report	Well #:A 236		
Driller: J. Newcone 0.773 Mississippi Departin Office of Lar	nent of Environmental Quality Id and Water Resources	weit #:		
P. 20.12 P.	.O. Box 2309 n, MS 39225-2309	Aquifer:		
	01) 961-521 0			
(601)	360-0535 (fax)			
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pur epartment at the above address w	np installer. A copy of Part 1 within 30 days of well completion.		
Well Owner Information	Well L	ocation		
Owner Name: Hollingswerth + Company	Latitude: 33 · 04 · 12 Lor	ngitude: <u>90.45.41</u>		
Owner Name: Hollingswerth + Company Mailing Address: P.O. Box 248	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS_X_, Survey-grade GPS			
Hollandale MS 387418 City State Zip Code	SE 1/ SE 1/4, Sec_	12 T 14N R 054		
-	3 Miles East o	· Delta lity		
Telephone No. ()	(Distance) (Direction)	f <u>Delta City</u> (Nearest Town		
Pump Type (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 8-21-13 Rated Pump Capacity: 1000 Gallons Per Minute				
Is This Pump (circle one): (New) Repaired Replaceme				
	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Wir				
Horse Power Rating of Motor: 304 Setting Dep	th: <u>70</u> feet Numbe	r of Stages:		
Pump Test Data	for Non Flowing Well			
Date Well Tested	Duration of Pump Test (minir	num 4 hours): hours		
Static Water Level (A):	Pumping Water Level (B):	Feet Below Land Surface		
	face Test Pumping Rate:	Gallons Per Minute		
Method of measurement (circle one): Steel tape Electric t				
	ta for Flowing Well			
Measured shut in head:feet. N	oclad			
Well yieldedGPM with a drawdown of feet afterhours of pumping				
	Installation			
Meter Manufacturer:				
Totalizer Register Unit and Multiplier Factor (AF x .001, ga				
Installation Date: Meter installed by:				
Is This Meter (circle one): New Repaired Replacem	nent			
Important: By submitting the above information you are For agricultural wells, a list of a	certifying that this meter was inst pproved meters is on the MDEQ	alled to manufacturer standards. website.		
I HEREBY CERTIFY that the above statements are true to t	he best of my knowledge.			
ILLI DELL DULL DULLA DULLA				
Print Name of Pump Installer and License No. (<i>if applicable</i>) 7/2/13 /truthel Stature of Pump Installer				
Print Name of Pump Installer and License No. (<i>if applicable</i>) / Date / Signature of Pump Installer				

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OLWR-S	