County: Sharkey					
Permit#: 6W 4039/ Irrigation Equipment Driller:					
Date drilling completed: 10-20-05					

## **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)

Fo	r Office Use Only:
Aquifer: _	
Well #: _	B-52
L. S. Eleva	ation:
E-log #: _	

State Law requires that this report be prepared by the driller in detail and filed with the Department within 20 days of completion of drilling of the well

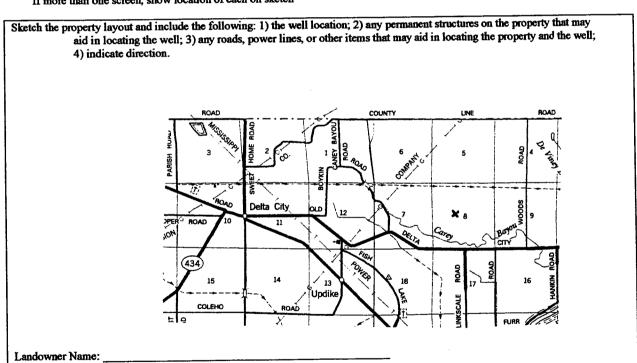
30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name Hollingsworth & Company	Latitude: 33, 04, 46N Longitude: 90, 44, 17W				
Mailing Address: Box 248	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
	SE 1/4 NW 1/4 Sec 8 Twn 14N Rng 5W				
Hollandale, MS 38748	74 560 1 WII KIIG				
City State Zip Code  Telephone No. ()	Distance Direction Nearest Town  4 Miles East of Delta City				
Well 1	Data				
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:				
Date well drilling started: 10-20-05 Date v					
If flowing, method of flow regulation: Valve Other (d	escribe)				
Static Water Level: 22 feet above or felow (circle one) l	and surface Date measured: 10-21-05				
Method of Measurement (circle one) steel tape electric tape	air line other:				
Hole depth: 126' Well depth: 126'	Well grouted to a depth offeet				
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 86 feet Casing diameter: 16	inches Type of casing: PVC Sch. 40				
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC Sch. 40				
Screen slot size:inches Setting depth: From _					
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If tel	escoped 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 a					
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.				
Irrigation Equipment Inc. Patrick M. Chism 0695	Patrial MChi				
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

B-

Ground Level

Clay	Descripti	on of Formations Encounte	red	From	То
Fine Sand/Clay       36 45         Fine Sand       46 75         Fine Sand/gravel       76 75	Clav	,		0	35
Fine Sand 46 75 Fine Sand/gravel 76 79	Fine S	and/Clay`		36	45
Fine Sand/gravel 76 79 Med. Sand/gravel 80 12	Fine S	and		46	75
Med. Sand/gravel 80 12	Fine S	and/gravel			79
	Med. S	and/gravel		80	126
				<u> </u>	
				<u> </u>	
		· · · · · · · · · · · · · · · · · · ·			
			····		

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



Fatrick Will Contractor

## STATE WELL REPORT

## Part 2

Sharkey County: Permit# 6W 403 Irrigation Ed Driller:

**Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only: Aquifer: Well #:

Date completed: 10-21-05	(601)961-5210 (601)354-6938 (fax)		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 Informati	ion	Well Location				
Owner Name: Hollingsworth	& Company	Latitude: Longitude:				
Mailing Address: Box 248	<u></u>	Method of Lat/Long (circle one): Conventional Survey,				
		USGS quad, Hand-held GPS, Survey-grade GPS				
Hollandale		SE 1/4 NW 1/4 Sec_	8 <sub>Twn</sub> 14N <sub>Rng</sub> 5W			
City State	Zip Code	Distance Direction	Nearest Town			
Telephone No. ()	<del></del>	4 _MilesEast	ofDelta City			
Pum p Type Circle one	• ••					
Air Lift Jet	Submersible	Diesel Engine Gasol	ine Engine Natural Gas			
Bucket Piston	Furbine	Electric Motor Hand	Tractor PTO			
Centrifugal Rotary	Flowing Well	Windmill Other	r (specify):			
Other (specify):		Horse Power Rating of Moto	or60			
Date Pump Installed: 10-21-05		Setting Depth:7	0feet			
Rated Pump Capacity: 2500-3000	Gallons Per Minute	Number of Stages: 1				
Pump Test Data Method of Measuring Water Level						
Date Well Tested:		1	Circle one			
Static Water Level (A):Feet Below Land Surface			easuring Line Steel Tape			
Pumping Water Level (B):Feet B	Below Land Surface	Culci (specity).				
Drawdown [(B) - (A)]:Feet 1	Below Land Surface	For flowing well, measured s	shut in head:feet			
Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of						
Duration of Pump Test (minimum 4 hours):hourshours of pumping						
		1				

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED** 

NOV 0 7 2005

BY: OLWR