

# 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 #: B-53  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sharkey  
Permit #: GW-40390  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 10-19-05

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	Well Location
Owner Name <u>Hollingsworth &amp; Company</u>	Latitude: <u>33.04.83N</u> , Longitude: <u>90.44.18W</u>
Mailing Address: <u>Box 248</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale MS 38748</u>	<u>NE 1/4 NW 1/4 Sec 8 TwN 14N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town <u>4 Miles East of Delta City</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 10-19-05 Date well drilling completed: 10-19-05

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

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 10-21-05

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

Hole depth: 136 Well depth: 136' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 96 total feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 total feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From See Back feet to \_\_\_\_\_ 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.

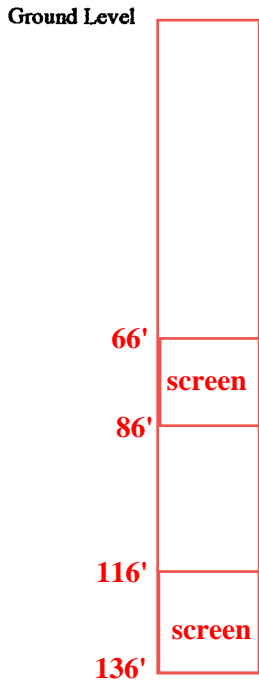
Irrigation Equipment Inc.  
Patrick M. Chism 0695

*Patrick M. Chism*  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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BY: OLWR

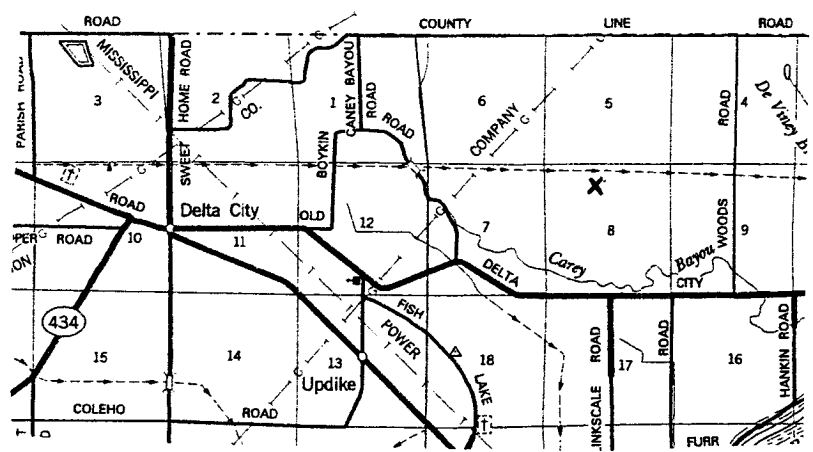
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Clay	0	35
Fine Sand/gravel	36	63
Med. Sand/gravel	64	86
Fine Sand/gravel	87	111
Med. Sand/gravel	112	136
Screen 66'-86		
Screen 116'-136		

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: \_\_\_\_\_

Patrick M. Chen  
Signature of Water Well Contractor

# 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  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Sharkey  
 Permit #: OW 40390  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 10-21-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-83  
 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	Well Location
Owner Name: <u>Hollingsworth &amp; Company</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 248</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Hollandale MS 38748</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>8</u> Twn <u>14N</u> Rng <u>5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>East</u> of <u>Delta City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-21-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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)

*Patrick M. Chism*  
 Signature of Pump Installer

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