

# State Well Report

## Part I

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 #: E-94-M-195  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: \_\_\_\_\_  
Driller: CBS Drilling Co  
Date drilling completed: 3-18-05

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>HARVEST SELECT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 416</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollinsdale MS. 38748</u>	<u>1/4 1/4 Sec 20 Twn T19N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 827-5297</u>	<u>2 Miles NE of EST. 11</u>

### Well Data

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

Date well drilling started: 3-14-05 Date well drilling completed: 3-18-05

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 2-17-05

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

Hole depth: 424 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10/0 inches Setting depth: From 400 feet to 420 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.

CBS Drilling Co 0-554 Calvin Bull  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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M-195

If well telescopes please sketch below and show depths.

Ground Level C-94

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Description of Formations Encountered	From	To
TOP Soil & Clay	0	19
SAND	19	56
SAND & GRAVEL	56	138
CLAY	138	224
SAND	224	308
Shell	308	322
SAND	322	421
Shell	421	424

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.

EST. 11 TO DALLAW

PARKING LOT

SHOP

|| well

Landowner Name: HARVEST SELECT

Caleb Sullen  
Signature of Water Well Contractor

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# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: ~~699 M-195~~

Elevation: \_\_\_\_\_

County: Washing

Permit #: \_\_\_\_\_

Driller: C/S Drillers

Date completed: 3-18-05

**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>HARVEST SELECT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 416</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale, MS, 38748</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>19N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 827-5097</u>	<u>2</u> Miles <u>NE</u> of <u>EST. 11</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>3-18-05</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-18-05</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>43</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	Well yielded <u>38</u> GPM with a drawdown of
Test Pumping Rate: <u>38</u> Gallons Per Minute	<u>22</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Alvin Sulliva 0-554  
 Print Name of Pump Installer and License No. (if applicable)

Alvin Sulliva  
 Signature of Pump Installer

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