

GW45852

County: WASHINGTON  
 Permit #: GW-45852  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 2.8.2013

## State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

## For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N 159  
 L. S. Elevation: \_\_\_\_\_  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>HOLLY RIDGE PLANTING COMPANY</u>          Mailing Address: <u>65 HOLLY RIDGE ROAD</u>    <u>INDIANOLA</u> <u>MS</u> <u>38751</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 06' 59"</u> Longitude: <u>91° 04' 59"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ✓  <u>IR</u> ¼ <u>IR</u> ¼ Sec. <u>13</u> Twn <u>15N</u> Rng <u>09W</u> ✓          Distance <u>1</u> Miles Direction <u>N</u> of Nearest Town <u>CHATTAM</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>2.8.13</u> Date drilling completed: <u>2.8.13</u> Hole depth: <u>117</u> Hole diameter: <u>24"</u>          Location of the source of any surface water used for drilling: <u>SLOUGH</u>          Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TABLETS</u>          Logs run (circle all applicable) <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running log(s): _____          Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____  <u>If drilling is not related to water well construction, skip the remainder of this block</u></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> 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: <u>115</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix          Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>          Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>          Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet          Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development          Other (describe): _____          Top of lap pipe or reduction in casing: _____ feet. <u>If telescoped or more than one screen, describe on next page</u></p>	

Form: OLWR-SW

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BY: OLWR



GW45852

## 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 #: N159

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

County: WashingtonPermit #: GW-45855Driller: J. NewcomeDate completed: 2-8-2013

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

Owner Name: Holly Ridge Planting CO  
Mailing Address: 65 Holly Ridge Road

Indianola MS 38751  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

## Well Location

Latitude: 33-06-59 Longitude: 91-04-59

Method of Lat/Long (circle one): Conventional Survey.

USGS quad, Hand-held GPS Survey-grade GPS

IR 1/4 IR 1/4 Sec 13 Twn 15N Rng 09W

Distance Direction Nearest Town

1 Miles N of Chatham

Pump Type  
Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 3-11-2013Rated Pump Capacity: 3000 Gallons Per MinutePower Type  
Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 60<sup>HP</sup>Setting Depth: 70 feetNumber of Stages: 1

## Pump Test Data

Date Well Tested: \_\_\_\_\_  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface

Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Not tested  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Method of Measuring Water Level  
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): \_\_\_\_\_

Not tested  
For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of  
\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

Hubbard Stephens 741-P  
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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