

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 #: P-137 151
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW 39881
Irrigation Equipment
Driller: _____
Date drilling completed: 10-5-04

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 & Company</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 248</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Hollandale, MS 38748</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 NE 1/4 Sec 15 Twn 15N Rng 6W</u> |
| Telephone No. (____) <u>601-827-5300</u> | Distance: <u>4</u> Miles Direction: <u>SE</u> Nearest Town: <u>Hollandale</u> |

Well Data

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

Date well drilling started: 10-5-04 Date well drilling completed: 10-5-04

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

Static Water Level: 26' feet above or below (circle one) land surface Date measured: 10-8-04

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

Hole depth: 126' Well depth: 126' Well grouted to a depth of 10 feet

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: .050 inches Setting depth: From 87 feet to 126 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
OCT 21 2004
BY: OLWR

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: Washington
 Permit #: 6W 39881
 Irrigation Equipment
 Driller: _____
 Date completed: 10-8-04

For Office Use Only:

Aquifer: _____
 Well #: P-137
 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 & Company</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Box 248</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , |
| <u>Hollandale, MS 38748</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 15 Twn 15N Rng 6W</u> |
| <u>601-827-5300</u> | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>4 Miles SE of Hollandale</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>50</u> |
| Date Pump Installed: <u>10-8-04</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2500</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 <u>Steel Tape</u> |
| Static Water Level (A): <u>26'</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | RECEIVED |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | For flowing well, measured shut in head: <u>OCT 2 1 2004</u> |
| Test Pumping Rate: _____ Gallons Per Minute | Well yielded _____ GPM with a drawdown of _____ |
| Duration of Pump Test (minimum 4 hours): _____ hours | BY: OLWR |

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

Patrick M. Chism 0695 Patrick M Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer