

# 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 #: P-156  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: 00110213  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 10-1-07

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 and Co.</u>	Latitude: <u>33°10'05.4"</u> Longitude: <u>90°48'22.4"</u>
Mailing Address: <u>P.O. Box 248</u>	Method of Lat/Long (circle one): <u>05</u> Conventional Survey, <u>22</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale Ms. 38748</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 10 Twn 15N Rng 6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Hollandale</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 10-1-07 Date well drilling completed: 10-1-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 10-3-07  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
Screen slot size: .050 inches Setting depth: From 78 feet to 117 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

*Patrick M. Chism*

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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)

For Office Use Only:

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

Well #: P-156

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

County: Washington  
Permit #: 0002213  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 10-1-07

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 and Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 248</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Hollandale Ms. 38748</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 10 Twn 15N Rng 6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 Miles East of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-3-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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)



Signature of Pump Installer

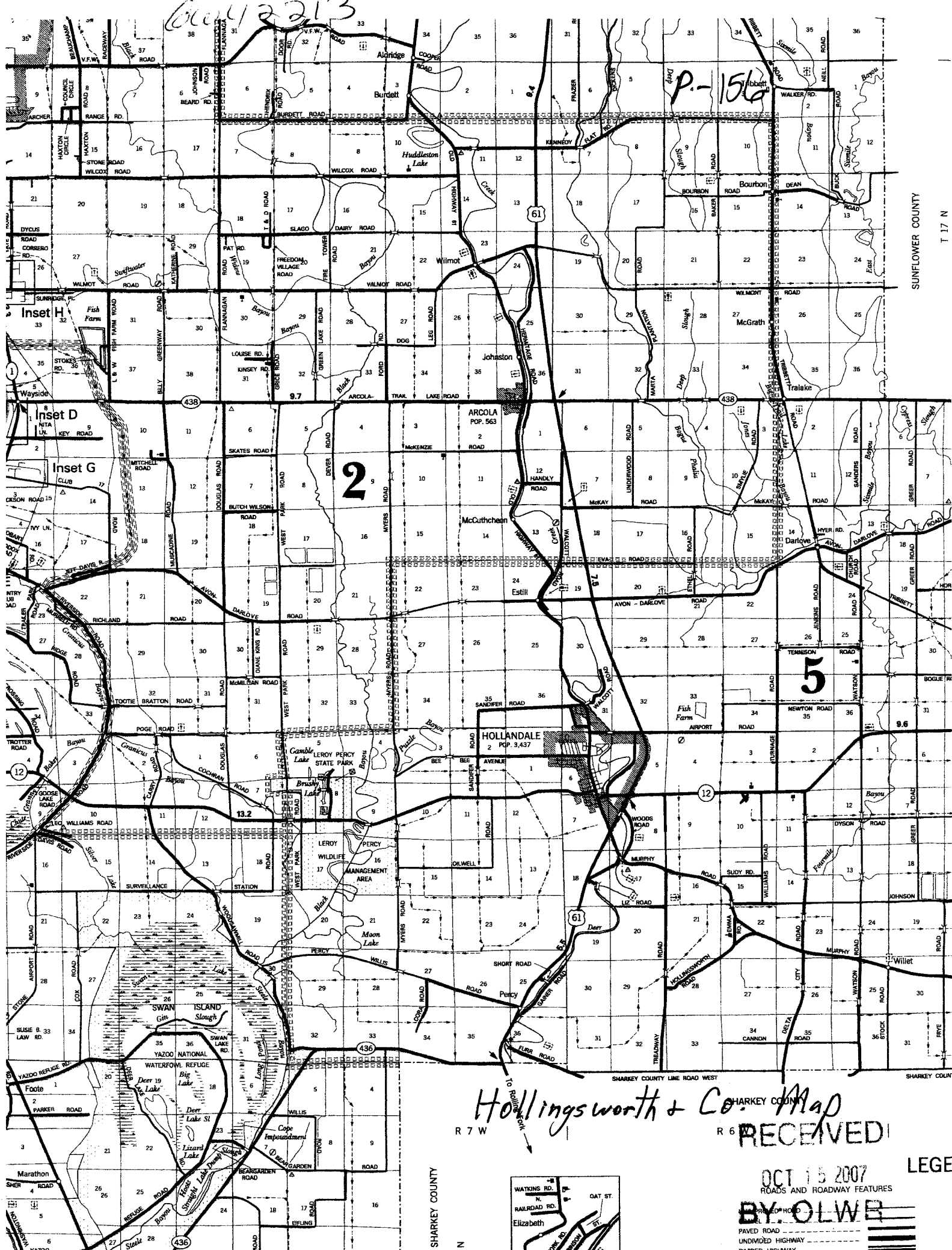
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P-156



SUNFLOWER COUNTY

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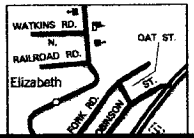
Hollingsworth & Co. Map RECEIVED

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OCT 15 2007 ROADS AND ROADWAY FEATURES

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PAVED ROAD UNDIVIDED HIGHWAY DIVIDED HIGHWAY



SHARKEY COUNTY

R 7 W

R 6 W

SHARKEY COUNTY LINE ROAD WEST

SHARKEY COUNTY

Inset H

Inset D

Inset G

HOLLANDALE 2 POP. 3,437

Inset H

Inset D

Inset G

HOLLANDALE 2 POP. 3,437

Inset H

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HOLLANDALE 2 POP. 3,437