

# 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-160  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Femil #: 6642214  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 10-3-07

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>Hollinsworth and Co.</u>	Latitude: <u>33° 09' 31.2</u> Longitude: <u>90° 47' 19.3</u>
Mailing Address: <u>P.O. Box 248</u>	Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>19</u>
<u>Hollandale Ms. 38748</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 11 Twn 15N Rng 6W</u>
Telephone No. ( )	Distance Direction Nearest Town <u>3</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: 10-3-07 Date well drilling completed: 10-3-07

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

Static Water Level: 26 feet above of below (circle one) land surface Date measured: 10-4-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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.

Palme RECEIVED  
Signature of Water Well Contractor

OCT 15 2007  
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-160  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: 2645014  
 Irrigation Equipment  
 Builder: \_\_\_\_\_  
 Date completed: 10-3-07

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): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hollandale Ms. 38748</u> City State Zip Code	<u>NE 1/4 SE 1/4 Sec 11 Twn 15N Rng 6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>3 Miles East of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>10-4-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150 ±</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 _____ 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.

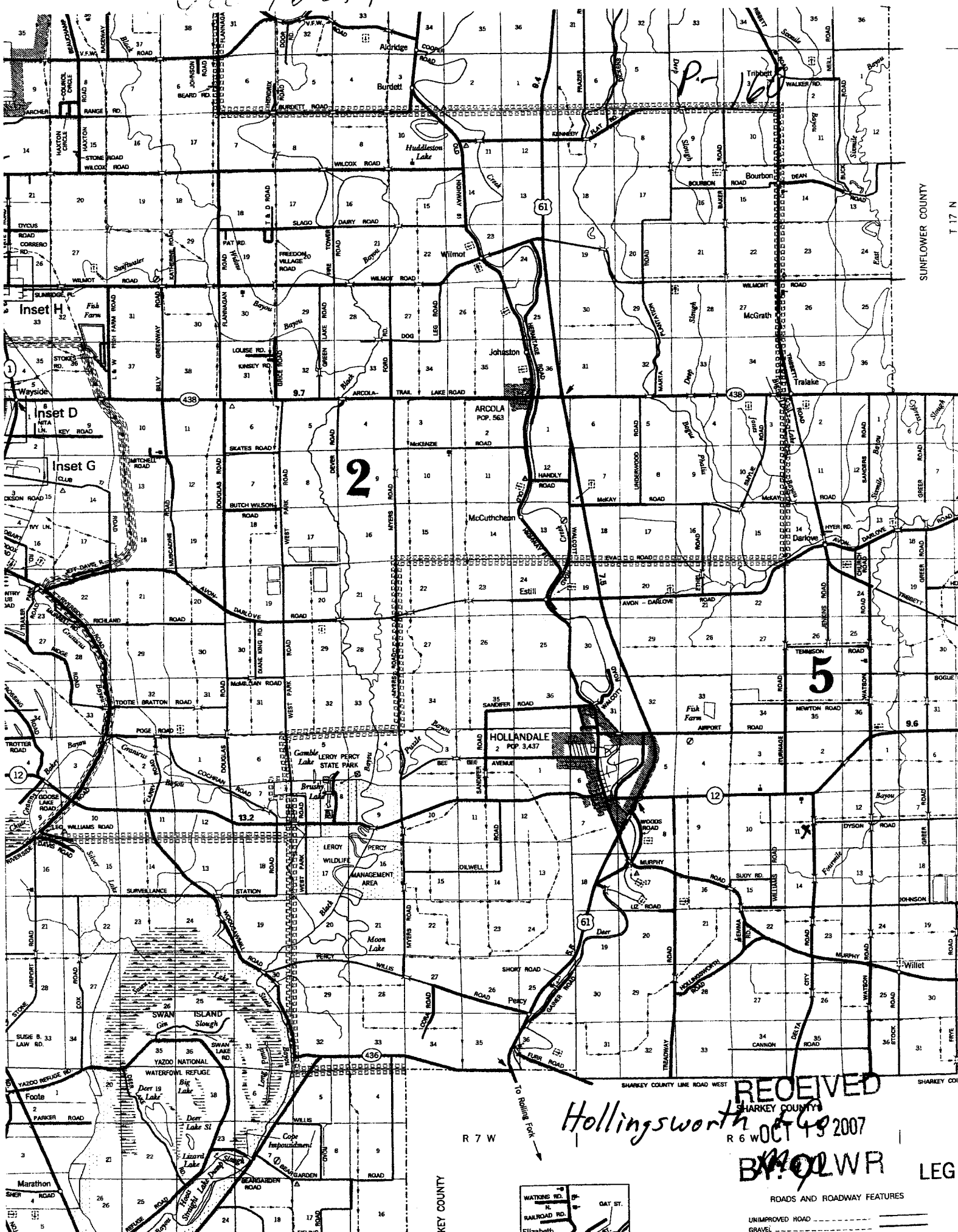
Patrick M. Chism 0695 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

OCT 15 2007

BY: OLWR

0042214



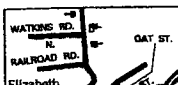
SUNFLOWER COUNTY  
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HOLLINGSWORTH & CO.  
HOLLINGSWORTH & CO.  
R 6 W OCT 19 2007

BRADLWR LEG



ROADS AND ROADWAY FEATURES  
UNIMPROVED ROAD  
GRAVEL

SHARKEY COUNTY

R 7 W

SHARKEY COUNTY LINE ROAD WEST

SHARKEY CO