

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-161
L. S. Elevation:
E-log #:

County: Washington
Permit #: CW 42210
Irrigation Equipment
Driller:
Date drilling completed: 10-4-07

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: Hollingsworth and Co., P.O. Box 248, Hollandale Ms. 38748
Well Location: Latitude: 33.10.02.9, Longitude: 90.49.57.2, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4 Sec 8, Twn 15N, Rng 6W, Distance: 1 Miles, Direction: East, Nearest Town: Hollandale

Well Data: Purpose of Well: Irrigation, Date well drilling started: 10-4-07, Date well drilling completed: 10-4-07, Static Water Level: 34 feet above or below land surface, Date measured: 10-4-07, Method of Measurement: steel tape, Hole depth: 126, Well depth: 126, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 86 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 87 feet to 126 feet, Type of completion: Gravel packed

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

Signature of Water Well Contractor

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Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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)

County: Washington
 Permit #: CC042210
 Irrigation Equipment
 Driller: _____
 Date completed: 10-4-07

For Office Use Only:

Aquifer: _____
 Well #: P-161
 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 and Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 248</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Hollandale</u> <u>Ms.</u> <u>38748</u>	USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec. 8 Twn 15N Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 Miles East of Hollandale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>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 <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)

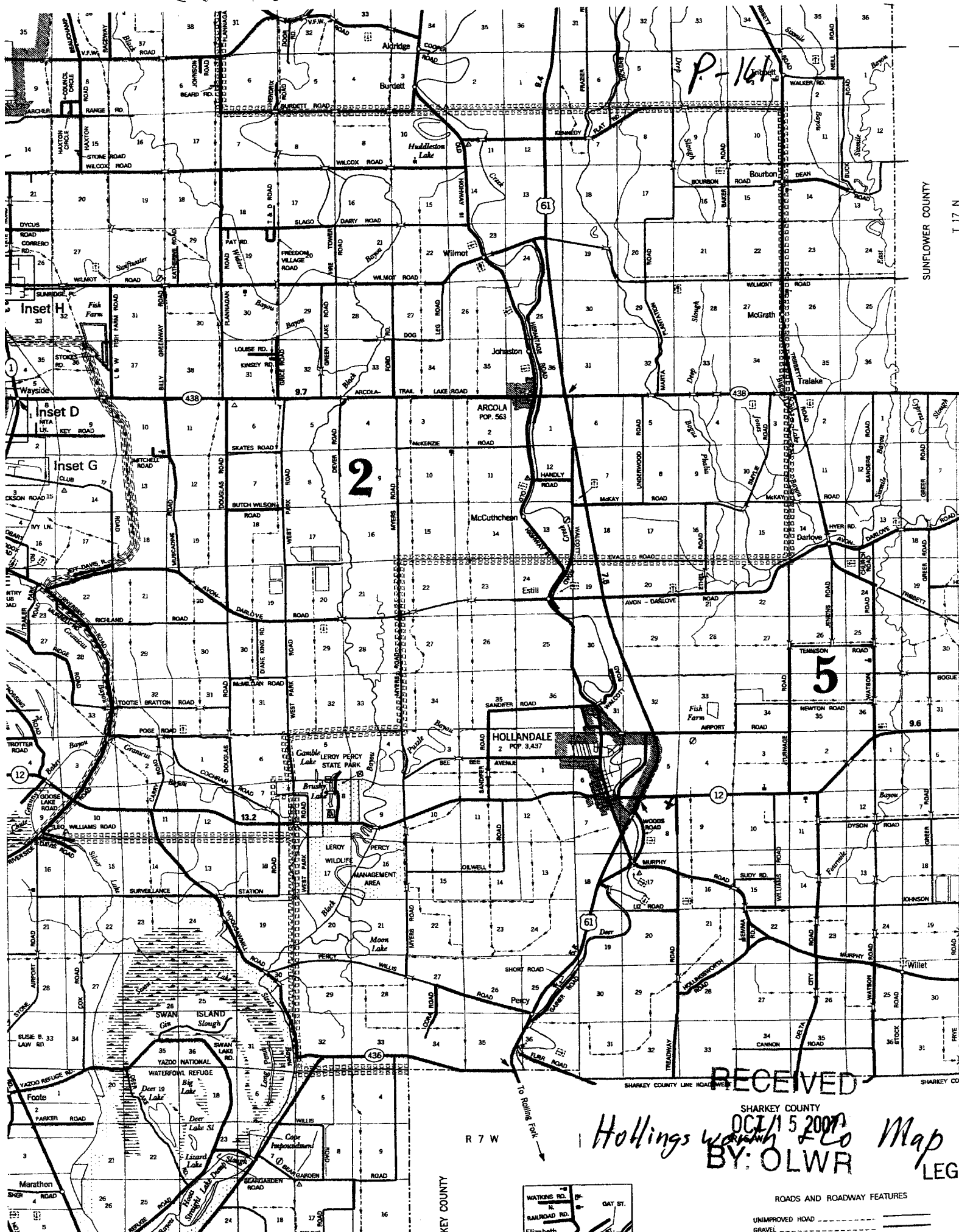
[Signature]
 Signature of Pump Installer

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60042210



SUNFLOWER COUNTY

T 17 N

2

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SHARKEY COUNTY

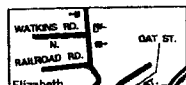
OCT 15 2007

Hollingsworth & Co

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Map LEG

R 7 W



ROADS AND ROADWAY FEATURES

UNIMPROVED ROAD (dashed line)
GRAVEL (dashed line with cross-ticks)