1.10-11.	State Well Report		For Office Use Only:		
County: Washington		Part 1 into of Environmental Quality	Aquifer:		
Permit #: 6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-		and Water Resources	Well #: P-165		
Irrigation Equipment		Box 10631	Well #:		
Date drilling completed: 6-18-08	1	AS 39289-0631	L. S. Elevation:		
Date drilling completed: D 10 00		961-5210	P1-4-		
] (001)33	4-6938 (fax)	E-log #:		
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 Hollingsworth + Co.			3 Longitude: 90 · 49 · 226		
Mailing Address: P. O. Box 248		Method of Lat/Long (circle on			
		USGS quad, Hand-held GPS, Survey-grade GPS			
Hollandele Mc 38748		SW 4NE 4 Sec 4 Twn 15N Rng 6W			
Hollandale Ms. 38748 City State Zip Code		Distance Direction Nearest Town Miles E457 of H0/19 ndale			
Telephone No. ()			11011-110141		
	357-91 1				
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other.					
Date well drilling started: 6-18-08 Date well drilling completed: 6-18-08					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level:feet abo	ove o below circle one) l	and surface Date measured:	6-19-08		
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth:/2 / Well depth:/27 Well grouted to a depth of feet					
Type of grout (circle one): Cement Bentonite Mix					
Casing length: 87 feet Casing diameter: 6 inches Type of casing: PVC					
Screen length: 40 feet Screen diameter. 16 inches Type of screen: PVC					
Screen slot size:					
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	1cel	>		
Print Name of Water Well Contractor and L	icense No.	Signature of V	Vater Well Contractor		

State Well Report

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BY: OLWR

QU2426011

P-165

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	19
Fine Sand Fine Sand + Grave! Medium Sand + Grave!	20	38
Fine Sand + Grave	139	55
Medium Sand + Gravel	156	127
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If more than one screen, show location of each on sketch

Sketch the	property layout and include the following: 1) the well location; 2) any permanent structures on the property that may
seem me p	roperty layout and include the following: 1) the well location: 2) any permanent structures on the property that may
	aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
	and the well: 3) any roads, power rives, or other nems that may aid in locating the property and the well:
	4) indicate direction.

Landowner Hame: Hollingsworth + Co.

Signature of Water Well Contractor

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STATE WELL REPORT

Permit#: ((())(())(())

Irrigation Equipment

Date completed: (0-18-08)

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

BY: OLWB For Office Use Only:			
Aquifer:			
Well#: P-165			
Elevation:			

(601)961-5210 Date completed: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location Latitude: Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW 14 NE 14 Sec 4 Twn 15N Rng 6 W Distance Hollandale Miles Fast of Telephone No. (Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: 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 Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my	Ingwiedge.
Patrick M. Chism 0695	all
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

