County: Washington
Permit #: GW-44019 ✓
Driller: Irrigation Equipment
Date drilling completed: 4-17-10

State Well Report
Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:
Aquifer: P
Well #: P175
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name: Hollingsworth & Co.
Mailing Address: P.O. Box 248
Hollandale Ms. 38748
City State Zip Code
Telephone No. (____)

Well or Borehole Location

Latitude: 33° 09 47.3 Longitude: 90° 48 06.9
Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS) Survey-grade GPS ✓
SE ¼ NE ¼ Sec 10 ✓ Twn 15N Rng 6W
Distance 3 Miles Direction E of Nearest Town Hollandale

Well / Borehole Data

Date drilling started: 4-17-10 Date drilling completed: 4-17-10 Hole depth: 120 Hole diameter: 18"
Location of the source of any surface water used for drilling: Surface Water
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well ✓ Geotechnical/Geological Investigation___ Ground Source Heat Pump___
Seismic Survey___ Other (*describe*)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home ___ Industrial___ Public Supply___ Irrigation ✓ Fish Culture ___ Other:
If a flowing well, method of flow regulation: Valve _____ Other (describe)
Static Water Level: 24 feet above or (below) (circle one) land surface Date measured: 4-19-2010
Method of Measurement (circle one) (steel tape) electric tape air line other:
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
Casing length: 80 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 81 feet to 120 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 next page***

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Fine Sand	21	40
Fine Sand & Gravel	41	52
Medium Sand & Gravel	53	120

Sketch the property 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; 4) a north arrow.

Landowner Name: Hollingsworth & Co.

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick M. Chism 0695

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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County: Washington
Permit #: GW-44019
Driller: Irrigation Equipment
Date completed: 4-17-10
Copy information from block on Part 1

STATE WELL REPORT
Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:
Aquifer: P175
Well #:
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information
Owner Name: Hollingsworth + Co.
Mailing Address: P.O. Box 248
Hollandale Ms. 38748
City State Zip Code
Telephone No. ( )

Well Location
Latitude: 33°09'47"N Longitude: 90°48'07"W
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS ✓, Survey-grade GPS___
SE ¼ NE ¼ Sec 10 T 15N R 6W
Distance 3 Miles Direction E of Nearest Town Hollandale

Pump Type
Circle one
Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 4-19-2010
Rated Pump Capacity: 1150 ± Gallons Per Minute

Power Type
Circle one
Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 30
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data
Date Well Tested:
Static Water Level (A): ___ Feet Below Land Surface
Pumping Water Level (B): ___ Feet Below Land Surface
Drawdown [(B) – (A)]: ___ Feet Below Land Surface
Test Pumping Rate: ___ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): ___ hours

Method of Measuring Water Level
Circle one
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

This is for (circle one): New Well, Replacement of Existing Pump, Repair of Existing Pump

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

Form: OLWR-SWR-1C (07-09)

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