

# State Well Report

## Part 1

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 #: Q-130  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: WASHINGTON  
 Permit #: \_\_\_\_\_  
 Driller: ELGYN SMITH  
 Date drilling completed: 8/11/04

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>WILLETT PLANTATION</u>	Latitude: <u>33° 17' 41"</u> Longitude: <u>90° 44' 23"</u>
Mailing Address: <u>1359 MURPHY RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HOLANDALE MS 38748</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 20 Twn 15N Rng 5W</u>
Telephone No. ( <u>662</u> ) <u>822-6309</u>	Distance <u>5</u> Miles Direction <u>SE</u> of Nearest Town <u>HOLLANDALE</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 8/11/04 Date well drilling completed: 8/11/04

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

Static Water Level: 31' feet above or below (circle one) land surface Date measured: 8/11/04

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

Hole depth: 128' Well depth: 128' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 78 feet to 128 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: n/a 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): n/a

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.

Thomas G. Chrestman 0-703

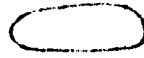
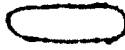
Print Name of Water Well Contractor and License No.

*Thomas G. Chrestman*  
 Signature of Water Well Contractor

RECEIVED

AUG 23 2004

BY: OLWR



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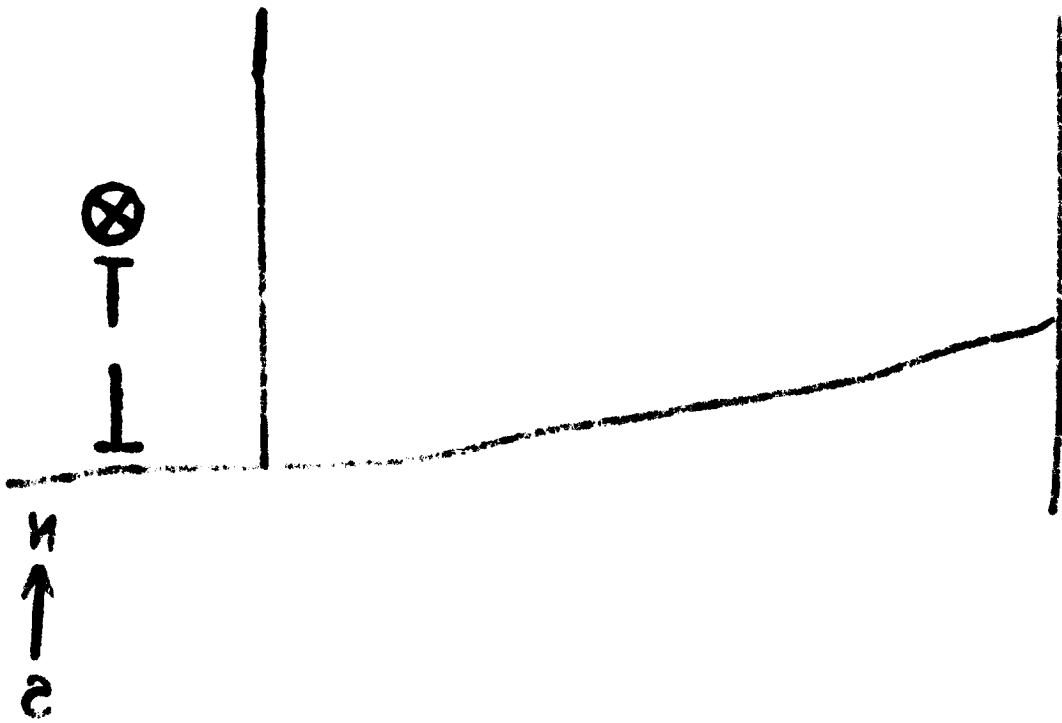
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Mid-South Water Machine Works, LLC **STATE WELL REPORT**

**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 #: \_\_\_\_\_  
 Driller: Elgyn Smith  
 Date completed: 8/11/04

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 9130  
 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.

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 AUG 25 2004  
 BY: OLWR

**Well Owner Information**  
 Owner Name: Willet Plankation  
 Mailing Address: 1359 Murphy Road  
Hollandale MS 38748  
 City State Zip Code  
 Telephone No. (662) 822-6309

**Well Location**  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (circle one):  Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 20 Twn 15N Rng 5W  
 Distance Direction Nearest Town  
5 Miles SE of Hollandale

**Pump Type**  
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8/13/04  
 Rated Pump Capacity: 1800 Gallons Per Minute

**Power Type**  
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Tractor PTO

Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 40  
 Setting Depth: 60 feet  
 Number of Stages: one

**Pump Test Data**

Date Well Tested: Not Tested  
 Static Water Level (A): 31 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	<u>Steel Tape</u>
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Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded Not Tested GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Thomas G. Chrestman n/a Thomas G. Chrestman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer