

Gayland

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)

County: BOLIVAR
 Permit #: GW 41235
 Driller: JOHN NEWLOME 0-773
 Date drilling completed: 5-24-06

For Office Use Only:
 Aquifer: _____
 Well #: N-118
 L. S. Elevation: _____
 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: <u>CAYLON LAWRENCE</u>	Latitude: <u>33.37.33"</u> Longitude: <u>091.02.21"</u>
Mailing Address: <u>DELTA PINE LAND MANAGEMENT LLC</u>	Method of Lat/Long (circle one): Conventional Survey, <u>SW</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>PO Box 5669</u>	<u>NE 1/4 SW 1/4 Sec. 117 Twn 21N Rng 8W</u>
<u>GREENVILLE, MS. 38704</u>	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>SCOTT MS.</u>
Telephone No: <u>662-820-8686</u>	

Well Data

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

Date well drilling started: 5-24-06 Date well drilling completed: 5-24-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 5-24-06

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 70 feet to 100 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.

JOHN NEWLOME 0-773
Print Name of Water Well Contractor and License No.

John Newlome
Signature of Water Well Contractor

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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 #: <u>N-118</u>
Elevation: _____	

County: <u>BOLIVAR</u>
Permit #: <u>GW 41235</u>
Driller: <u>JOHN NEWBORN 0-773</u>
Date completed: <u>5-24-06</u>

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>GAYLON LAWRENCE</u>	Latitude: <u>33-37-33</u> Longitude: <u>091-02-21</u>
Mailing Address: <u>DELTA PINE LAND MGMT LLC</u> <u>PO BOX 5669</u> <u>GREENVILLE, MS 38704</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 11 Twn 21N Rng 8W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No.: <u>662-820-8686</u>	<u>3</u> Miles <u>N</u> of <u>SCOTT, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>	Bucket: Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Other (specify): _____	Setting Depth: <u>60</u> feet
Date Pump Installed: <u>5-25-06</u>	Number of Stages: <u>2-12"</u>
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	

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)]: <u>NO TEST RUN</u> 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.	
<u>GLENN ROWE # 710-9</u>	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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