

### 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 #: N-119  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: 6W 41233  
 Driller: Charles M. Nichols  
 Date drilling completed: 7-8-06

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 this well.

Well Owner Information		Well Location	
Owner Name: <u>GAYLEN LAWRENCE</u>	Latitude: <u>33° 38' 25" N</u> Longitude: <u>091° 06' 30" W</u>	Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>FRANKLIN TN</u> State: <u>TN</u> Zip Code: <u>37067</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	Telephone No: _____	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>22</u> Twn <u>21N</u> Rng <u>9W</u>
Well Data		Distance: <u>4 1/2</u> Miles Direction: <u>NW</u> of <u>SCOTT</u>	
Purpose of Well (circle one): <u>Domestic</u> Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	Date well drilling started: <u>7-8-06</u> Date well drilling completed: <u>7-8-06</u>	If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured: <u>7-8-06</u>	Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>90</u> Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>pvc</u>	Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>1035</u> inches Setting depth: From <u>60</u> feet to <u>90</u> feet	Type of completion (circle all applicable): <u>Gravel packed</u> Underscreened Telescoped Open hole Natural Development	Other (describe): _____	
Top of lap pipe reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	Name of organization running log(s): _____	
I certify that this 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.			
Print Name of Owner/Well Contractor and License No. <u>Charles M. Nichols 0-0667</u>	Signature of Water Well Contractor <u>Charles M. Nichols</u>		

Jul 31 06 11:21a

Bill Schultz

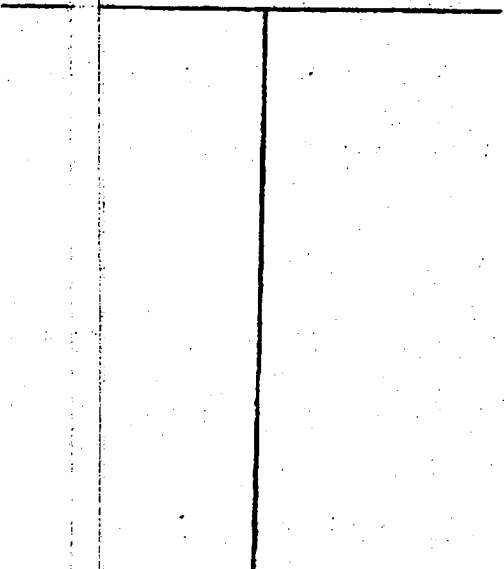
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N-119

GW 41233

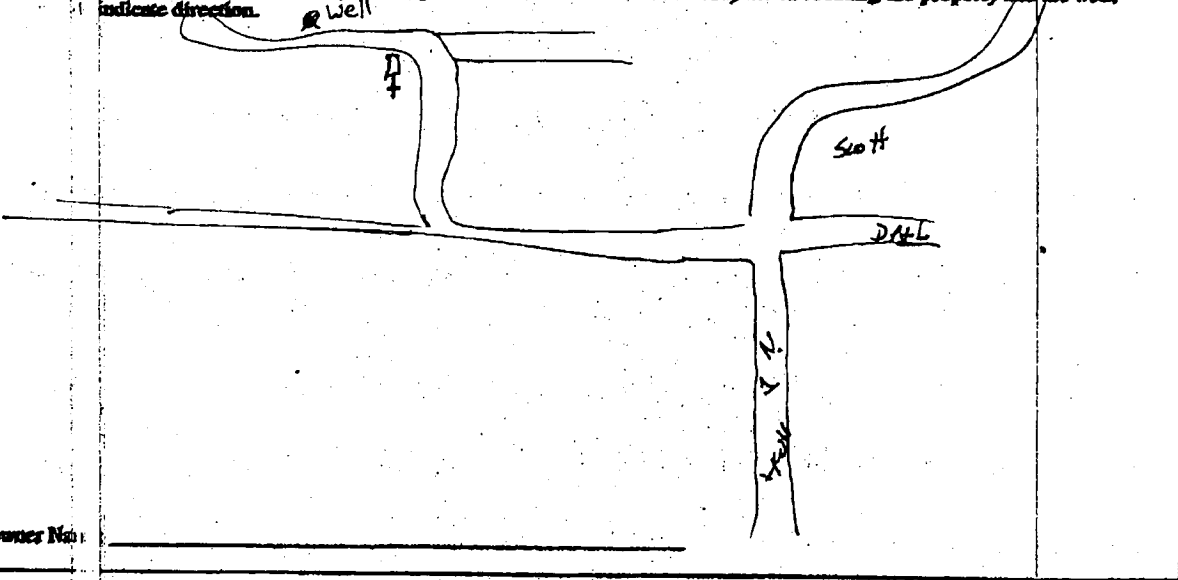
Ground level



Description of Formations Encountered	From	To
Clay	0	15
med to coarse sand + p-gravel	15	40
coarse sand	40	70
coarse sand + p-gravel	70	87
Clay	87	90

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; indicate direction.



Landowner Name:

Signature of Well Contractor: Charles M. Schultz

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Bill Schultz

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**WELL RETURN**

**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)961-3210  
(601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: N-119  
Elevation: \_\_\_\_\_

County: Bolivar  
Permit #: 6W 41233  
Driller: Charles M. Nichols  
Date completed: 7-8-06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Owner Name: <u>GAYLEN LAWRENCE</u>	Well Owner Information		Well Location	
	Mailing Address: _____	Latitude: <u>33° 38' 42" N</u>	Longitude: <u>091° 06' 30" W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
Telephone No. _____	City: <u>FRANKLIN TN</u>	State: <u>TN</u>	Zip Code: <u>37067</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
				<u>1/4</u> Sec <u>22</u> Twn <u>21N</u> Rng <u>9W</u>
				Distance: <u>4 1/2</u> Miles <u>NW</u> of <u>Scott</u>

Air Lift	Pump Type Circle one		Power Type Circle one		
	<input type="radio"/> Jet	<input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
Bucket	<input type="radio"/> Piston	<input checked="" type="radio"/> Turbine	<input type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well	<input type="radio"/> Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>7-8-06</u>	Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Horse Power Rating of Motor: <u>60</u>	Setting Depth: <u>60</u> feet	Number of Stages: <u>2</u>

Date Well Tested: _____	Pump Test Data		Method of Measuring Water Level Circle one		
	Static Water Level (A): <u>10</u> Feet Below Land Surface	Pumping Water Level (B): _____ Feet Below Land Surface	<input type="radio"/> Air Line	<input type="radio"/> Electric Measuring Line	<input type="radio"/> Steel Tape
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured static head: _____ feet		
			Well yielded _____ 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.  
Print Name of Pump Installer and License No. (if applicable): Charles M. Nichols 0-0667  
Signature of Pump Installer: Charles M. Nichols