

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 41232
 Driller: Charles M. Nichols
 Date drilling completed: 7-7-06

For Office Use Only:
 Aquifer: _____
 Well #: N-120
 L. S. Elevation: _____
 B-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>GAYLEN LAWRENCE</u>	Latitude: <u>33° 39' 40" N</u>	Longitude: <u>89° 08' 12" W</u>	
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
Telephone No: _____	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City: <u>FRANKLIN TN</u> State: <u>TN</u> Zip Code: <u>37067</u>	<u>IR 1/4</u> <u>IR 1/4</u> Sec. <u>5</u> Twn <u>21N</u> Rng <u>9W</u>		
	Distance: <u>5</u> Miles Direction: <u>NW</u> Nearest Town: <u>Scott</u>		

Well Data

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

Date well drilling started: 7-7-06 Date well drilling completed: 7-7-06

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 7-7-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 10 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc

Screen slot size: .032 inches Setting depth: From 50 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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): No log run 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.

Charles M. Nichols 0-0667 Charles M. Nichols
 Print Name of Driller Well Contractor and License No. Signature of Water Well Contractor

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Bill Schultz

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

For Office Use Only:

Aquifer:
Well #: N-120
Elevation:

County: Bolivar
Permit #: GW 41232
Driller: Charles McNichols
Date completed: 7-7-06

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

Well Owner Information: Owner Name: GAYLEN LAWRENCE
Mailing Address: FRANKLIN TN 37067
Telephone No.:
Well Location: Latitude: 33° 39' 40" N Longitude: 091° 08' 17" W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 6 Twn 21N Rng 9W
Distance: 5 Miles Direction: NW of Nearest Town: Scott

Pump Type: Jet, Submersible
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed: 7-10-06
Rated Pump Capacity: 1200 Gallons Per Minute
Sealing Depth: 60 feet
Number of Stages: 1

Pump Test Data: Date Well Tested:
Stable Water Level (A): 14 Feet Below Land Surface
Pumping Water Level (B):
Drawdown ((B) - (A)):
Test Pumping Rate: Gallons Per Minute
Duration of Pumping 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 1200 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.
Charles M. Nichols 0-0667
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer