

GAYLOND. P. 2

# 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 #: 60042643  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 5-30-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-132  
 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>GAYLOND LAURENCE</u>	Latitude: <u>33° 38' 01"</u> Longitude: <u>91° 00' 44"</u>
Mailing Address: <u>PO Box 1609</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Survey-grade GPS
<u>GREENVILLE MS. 38704</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1R 1/4 1R 1/4 Sec 16 Twn 21N Rng 9W</u>
Telephone No: <u>662-820-8686</u>	Distance Direction Nearest Town <u>2.5 Miles NW of SCOTT</u>

**Well Data**

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

Date well drilling started: 5-30-08 Date well drilling completed: 5-30-08

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 103 Well depth: 102 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50.60-77-87 feet to 97-102 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 NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

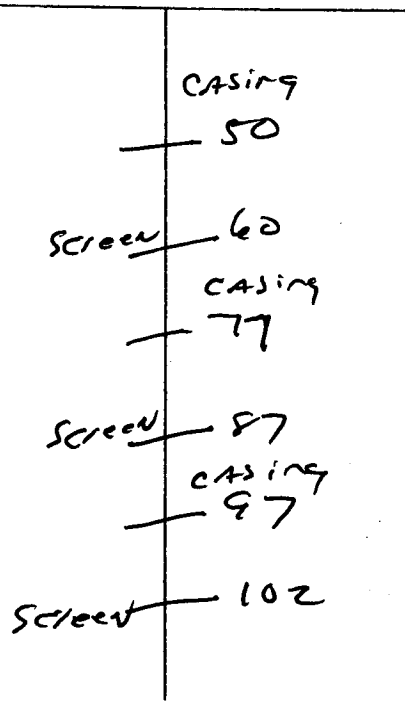
John Newcome  
Signature of Water Well Contractor

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BY: OLWR

N-131

If well telescopes please sketch below and show depths.

Ground Level

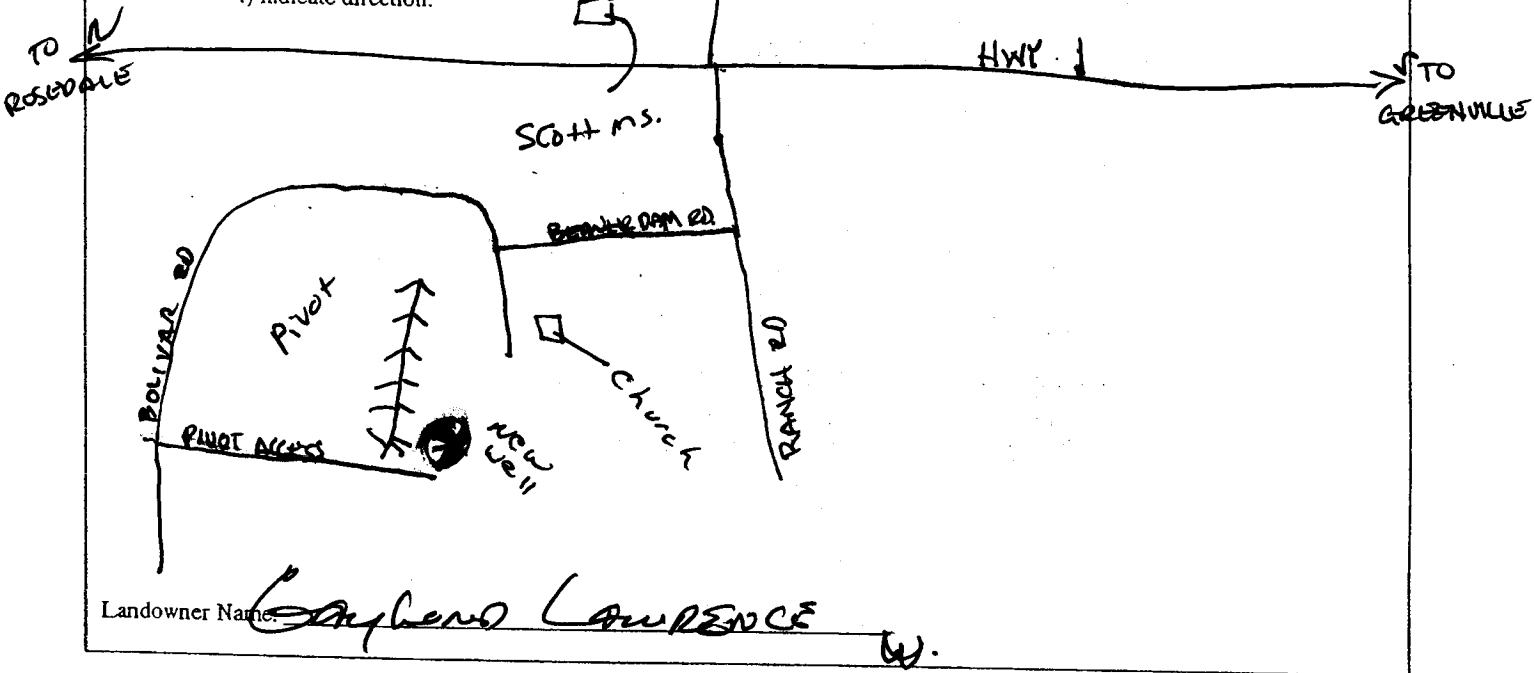


Description of Formations Encountered	From	To
TOP Soil	0	10
MIX CLAY - Sand	10	38
Med. Fine Sand	38	50
COARSE SAND	50	60
Fine Sand	60	77
COARSE SAND	77	87
Fine Sand	87	97
COARSE SAND	97	102
Gray CLAY	102	103

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

2

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) indicate direction.



Clyde Lawrence  
Signature of Water Well Contractor

# 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 #: N-138

Elevation: \_\_\_\_\_

County: Bolivar  
Permit #: 6W12643  
Driller: J. NEW COMBO-773  
Date completed: 5-30-08

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>GAYLOND LAWRENCE</u>	Latitude: <u>33-37-35</u> Longitude: <u>91-09-39</u>
Mailing Address: <u>PO Box 669</u>	<u>35 01</u> <u>06 44</u>
<u>GREENVILLE, MS. 38704</u>	Method of Lat/Long (circle one): Conventional Survey,
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No: <u>662-820-8626</u>	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>24</u> Twp <u>21N</u> Rng <u>9W</u>
	Distance <u>1R</u> Direction <u>16</u> Nearest Town
	<u>2.5</u> Miles <u>NW</u> of <u>SCOTT</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>6-5-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
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>NOT TESTED</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.

Glen Rowe 710-P [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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