

Gayland Lawrence  
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: N 142  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME 0-773  
Date drilling completed: 5-24-10

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>Delta Pine Land Mgt</u>   | Latitude: <u>33° 37' 24"</u> Longitude: <u>091° 07' 07"</u> |
| Mailing Address: <u>Gayland Lawrence</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>P.O. Box 5669</u>                     | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS          |
| <u>Greenville MS 38704-5669</u>          | NE 1/4 NE 1/4 Sec <u>1</u> Twn <u>209N</u> Rng <u>9W</u>    |
| City State Zip Code                      | Distance Direction Nearest Town                             |
| Telephone No. <u>(663) 349-050</u>       | <u>2</u> Miles <u>W</u> of <u>SCOTT</u>                     |

Well Data

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

Date well drilling started: 5-24-10 Date well drilling completed: 5-24-10

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: 113 Well depth: 110 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: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 70 feet to 110 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.

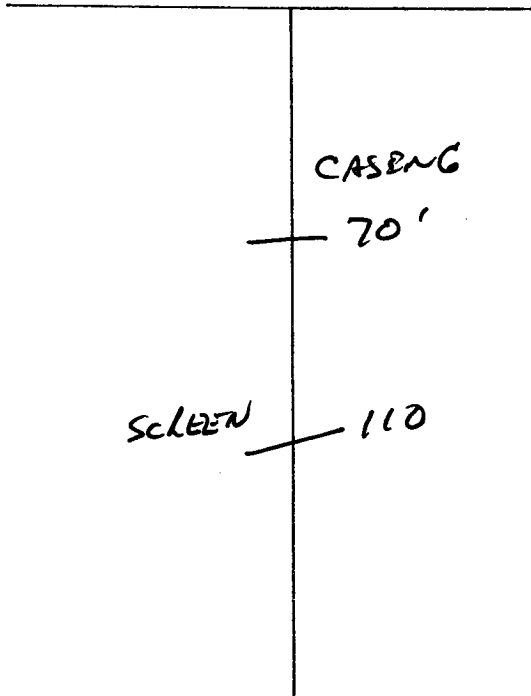
[Signature]  
Signature of Water Well Contractor

Redrill of old  
Sampled in well

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BY: OLWR

If well telescopes please sketch below and show depths.

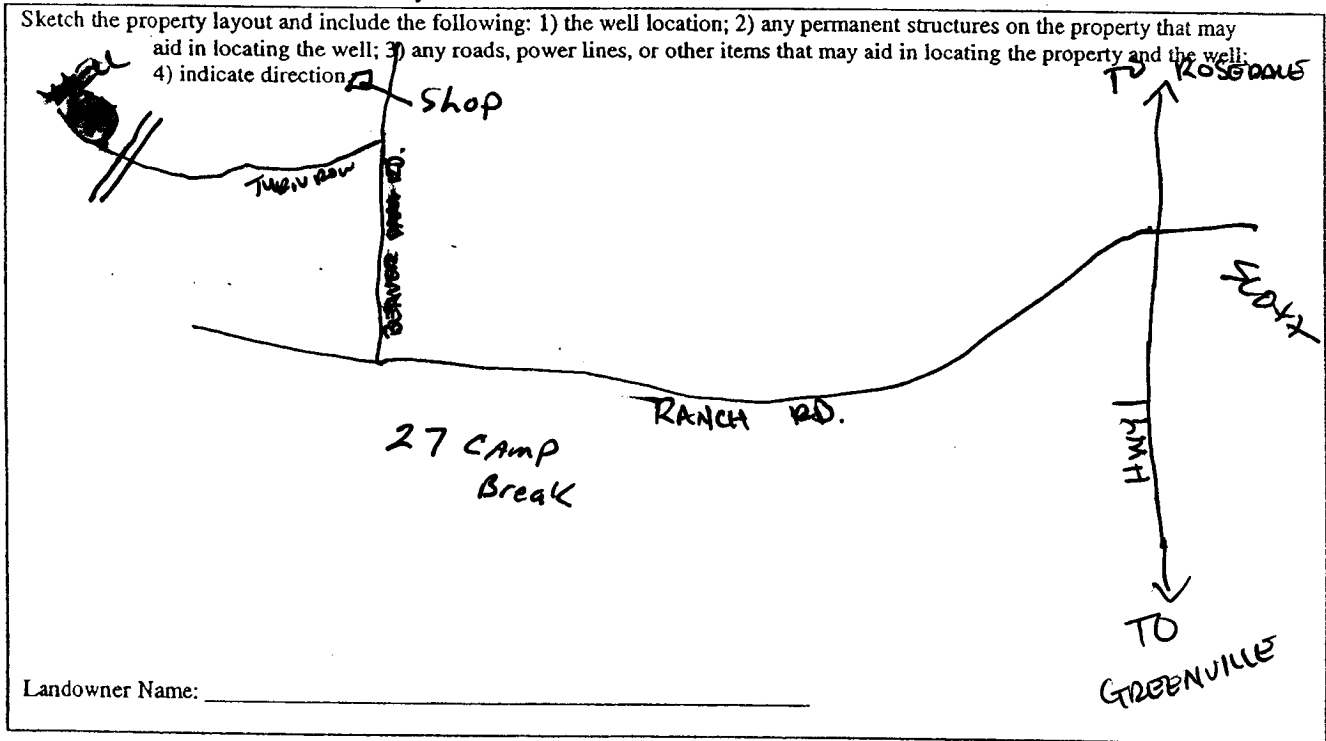
Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Top Soil                              | 0    | 10  |
| Mix Clay                              | 10   | 20  |
| Fine Sand                             | 20   | 70  |
| Med Coarse Sand                       | 70   | 95  |
| TREE or Log                           | 95   | 97  |
| COARSE SAND                           | 97   | 110 |
| Gray Clay                             | 110  | 113 |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |

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; 4) indicate direction



Landowner Name: \_\_\_\_\_

[Signature]  
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)

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: J. Newcome 0-773  
 Date completed: 5-24-10

For Office Use Only:

Aquifer: N142  
 Well #: \_\_\_\_\_  
 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.

| Well Owner Information   | Well Location   |
|--|---|
| Owner Name: <u>Delta Pine Land Mgt.</u>  | Latitude: <u>33° 37.24</u> Longitude: <u>091° 07.07</u>                                     |
| Mailing Address: <u>Gaylon Lawrence</u><br><u>P.O. Box 5669</u><br><u>Greenville MS 38704-5669</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS |
| City State Zip Code: _____   | USGS quad, _____  |
| Telephone No. (____) _____   | Distance Direction Nearest Town<br><u>2</u> Miles <u>W</u> of <u>Scott</u>                  |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                              |
|---|---|
| Air Lift      Jet      Submersible                  | <u>Diesel Engine</u> 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>5/28/10</u>                 | Setting Depth: <u>70</u> feet                         |
| Rated Pump Capacity: <u>2500</u> Gallons Per Minute | Number of Stages: <u>1</u>                            |

| Pump Test Data   | Method of Measuring Water Level<br>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)]: _____ 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.

Cony Rowe 0-711P      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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