

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: N175  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-49397 ✓  
Driller: J. Newcome 0-773  
Date drilling completed: 5/4/16

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

| Well Owner Information<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Lawrence Land Holdings LLC</u>  | Latitude: <u>33° 39' 11"</u> Longitude: <u>091° 03' 30"</u>                                 |
| Mailing Address: <u>P.O. Box 1</u>   | Method of Lat/Long (check one): Conventional Survey _____                                   |
|  | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Scott</u> <u>MS</u> <u>38772</u>  | <u>SW 1/4</u> <u>NW 1/4</u> , Sec <u>13</u> T <u>21N</u> R <u>08W</u>                       |
| City State Zip Code  | <u>2.8</u> Miles <u>W</u> of <u>Benoit, MS</u>  |
| Telephone No. ( ) _____  | (Distance) (Direction) (Nearest Town)   |

| Well / Borehole Data   |
|--|
| Date drilling started: <u>5-4-16</u> Date drilling completed: <u>5-4-16</u> Hole depth: <u>97</u> Hole diameter: <u>20"</u>  |
| Location of the source of any surface water used for drilling: <u>ditch</u>  |
| Method of dosing and volume of Chlorine used in drilling and development: <u>chlorine</u>  |
| Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ |
| Name of organization running log(s): _____   |
| Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump   |
| <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____  |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>   |
| Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture  |
| Other (describe): _____  |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ <span style="float: right;">MAR 16 2017</span>  |
| Static Water Level: _____ feet [above or below] land surface Date measured: _____<br><small>(circle one)</small>   |
| Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____   |
| Well depth: <u>95</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix  |
| Casing length: <u>65</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>P.V.C.</u>  |
| Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>P.V.C.</u>  |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>65</u> feet to <u>40</u> feet  |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development   |
| Other (describe): _____  |
| Top of lap pipe or reduction in casing: _____ feet   |
| <i>If telescoped or more than one screen, describe on next page</i>  |



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County: Bolivar  
 Permit #: GW-49397  
 Driller: J. Newcome 0-773  
 Date completed: 5/4/16  
Copy information from block on Part 1

STATE WELL REPORT

Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N176  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information                        | Well Location   |
|---|---|
| Owner Name: <u>Lawrence Land Holdings LLC</u> | Latitude: <u>33 39 11</u> Longitude: <u>91 03 30</u>  |
| Mailing Address: <u>P.O. Box 1</u>            | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>South</u> <u>MS</u> <u>38772</u>           | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                           | <u>S20 1R</u> <u>1/4 NW 1/4 Sec 13 T 21N R 08W</u>  |
| Telephone No. ( ) _____                       | Distance Direction Nearest Town   |
|   | <u>2-8</u> Miles <u>W</u> of <u>Benoit</u>  |

| Pump Type  | Power Type                                |
|--|---|
| Circle one   | Circle one                                |
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                                    | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                          | Windmill Other (specify): _____           |
| Other (specify): _____                                   | Horse Power Rating of Motor: <u>15</u>    |
| Date Pump Installed: <u>5/20</u>                         | Setting Depth: <u>70</u> feet             |
| Rated Pump Capacity: <u>1000</u> Gallons Per Minute      | Number of Stages: <u>1</u>                |

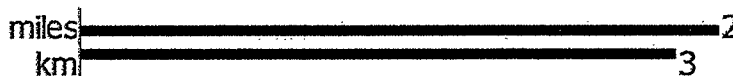
| Pump Test Data   | Method of Measuring Water Level   |
|--|---|
| Circle one   | Circle one  |
| Date Well Tested: _____  | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): _____ Feet Below Land Surface              | Other (specify): _____  |
| Pumping Water Level (B): <u>Not Tested</u> 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               |   |

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Hubbard Stephens 741-P [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



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