

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 #: R-182
 L. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: 6W 40288
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-27-05

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>Gaylon Lawrence</u>	Latitude: <u>33. 32. 1. 5</u> Longitude: <u>91. 5 . 24. 9</u>
Mailing Address: <u>c/o Delta Pine Land Mgt. LLC</u>	Method of Lat/Long (circle one): <u>Conventional Survey, 02 25</u>
<u>Box 5669</u>	USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS
<u>Greenville MS 38704</u>	<u>NE 1/4 SW 1/4 Sec 37 Twn 20N Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1 Miles West of Lamont</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 6-27-05 Date well drilling completed: 6-27-05
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 10' feet above or below (circle one) land surface Date measured: 6-28-05
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 107 Well depth: 107 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40
 Screen slot size: .050 inches Setting depth: From 68 feet to 107 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.

Irrigation Equipment Inc.
 Patrick M. Chism 0695

Patrick M Chism
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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R-182

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Brown Sand	0	15
Fine sand	16	55
Med. Sand	56	75
Med. Sand/gravel	76	107

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.

Inset D

B M X 132.1

Rd. 37

LAMONT

Bull

30

Williams

Bayou

29

28

AVONDALE RD.

31

DEAD END RD.

32

33

Lamont

Bayou

36

LAMONT RD.

MELON RD.

WEST COUNTY

Y

T

Landowner Name: _____

Patrick M. Chiu
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 #: GW 40288
 Irrigation Equipment
 Driller: _____
 Date completed: 6-28-05

For Office Use Only:

Aquifer: _____
 Well #: R-182
 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>Gaylon Lawrence</u> c/o Delta Pine Land Management LLC Mailing Address: _____ <u>Box 5669</u> <u>Greenville, MS 38704</u> City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>37</u> Twn <u>20N</u> Rng <u>9W</u> Distance Direction Nearest Town <u>1</u> Miles <u>West</u> of <u>Lamont</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-28-05</u> Rated Pump Capacity: <u>2500-3000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in 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

Patrick M. Chism 0695 Patrick M. Chism
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 21 2005

BY: OLWR