

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 #: QW 41234
 Driller: Charles M. Nichols
 Date drilling completed: 7-10-06

Per Office Use Only:
 Aquifer: _____
 Well #: R-186
 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>GAYLEN LAWRENCE</u> | | Latitude: <u>33° 36' 57" N</u> | Longitude: <u>091° 06' 15" W</u> |
| Mailing Address: _____ | | Method of Lat/Long (circle one): <u>Conventional Survey</u> | |
| City: _____ | State: _____ Zip Code: _____ | USGS quad: _____ | <u>Hand-held GPS</u> Survey-grade GPS |
| Telephone No: _____ | | SE <u>1/4</u> NW <u>1/4</u> Sec <u>8</u> Twn <u>20N</u> Rng <u>9W</u> | |
| | | Distance: <u>3</u> Miles | Direction: <u>NW</u> of Nearest Town: <u>Scott</u> |

Well Data

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

Date well drilling started: 7-10-06 Date well drilling completed: 7-10-06

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

Static Water Level: 17 feet above (or below) (circle one) land surface Date measured: 7-10-06

Method of Measurement (circle one) well taps electric type air line other: _____

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

Type of grout (circle one): Cement Bentonite Asite

Casing length: 63 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 63 feet to 103 feet

Type of completion (circle all applicable): General 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 _____
 Print Name of Well Contractor and License No. Signature of Water Well Contractor

Jul 31 06 11:22a

Bill Schultz

3355777

p.15

STATE WELL RETURN

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)354-6935 (fax)

For Office Use Only:

Applifer:
Well #: R-186
Elevation:

County: Bolivar
Permit #: 06041234
Driller: Charles M. Nichols
Date completed: 7-10-06

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: GAYLEN LAWRENCE
Well Location: Latitude: 33°36'57"N Longitude: 89°10'06'15"W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad: Hand-held GPS Survey-grade GPS
City: FRANKLIN TN 37067
Distance: 3 Miles Direction: NW of Nearest Town: Scott

Pump Type: Jet, Submersible, Turbine
Power Type: Diesel Engine, Gasoline Engine, Natural Gas
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed: 7-12-06
Rated Pump Capacity: 750 Gallons Per Minute
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data:
Date Well Tested:
Static Water Level (A): 17 Feet Below Land Surface
Pumping Water Level (B):
Drawdown ((B)-A):
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level:
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head:
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.
Charles M. Nichols 0-0667
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer