

State Well Report

Part I

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-191
L. S. Elevation:
E-log #:

County: Bolivar
Permit #: GW 41875
Irrigation Equipment
Driller:
Date drilling completed: 6-12-07

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: Owner Name Gaylon Lawrence, Mailing Address Box 5669, Greenville Ms. 38704. Well Location: Latitude 33° 34' 06.3", Longitude 91° 05' 22.2", Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 25 Twn 20N Rng 9W, Distance 2 Miles Direction SW of Nearest Town Scott.

Well Data: Purpose of Well Irrigation, Date well drilling started 6-12-07, Date well drilling completed 6-12-07, Static Water Level 9 feet above or below land surface, Date measured 6-13-07, Method of Measurement steel tape, Hole depth 106, Well depth 106, Well grouted to a depth of 10 feet, Type of grout Bentonite, Casing length 86 feet, Casing diameter 16 inches, Type of casing PVC, Screen length 20 feet, Screen diameter 16 inches, Type of screen PVC, Screen slot size .050 inches, Setting depth From 87 feet to 106 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing, Logs run No log run.

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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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JUN 29 2007

BY: OLWR

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: Beliver
 Permit #: 60W41875
 Driller: _____
 Date completed: 6-12-07

For Office Use Only:

Aquifer: _____
 Well #: R-191
 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>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 5669</u>	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>Greenville Ms. 38704</u>	<u>SW 1/4 NW 1/4 Sec 25 Twn 20N Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2 Miles SW of Scott</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-13-07</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2200 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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.

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


 Signature of Pump Installer

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JUN 29 2007

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ESTABLISHED
1836

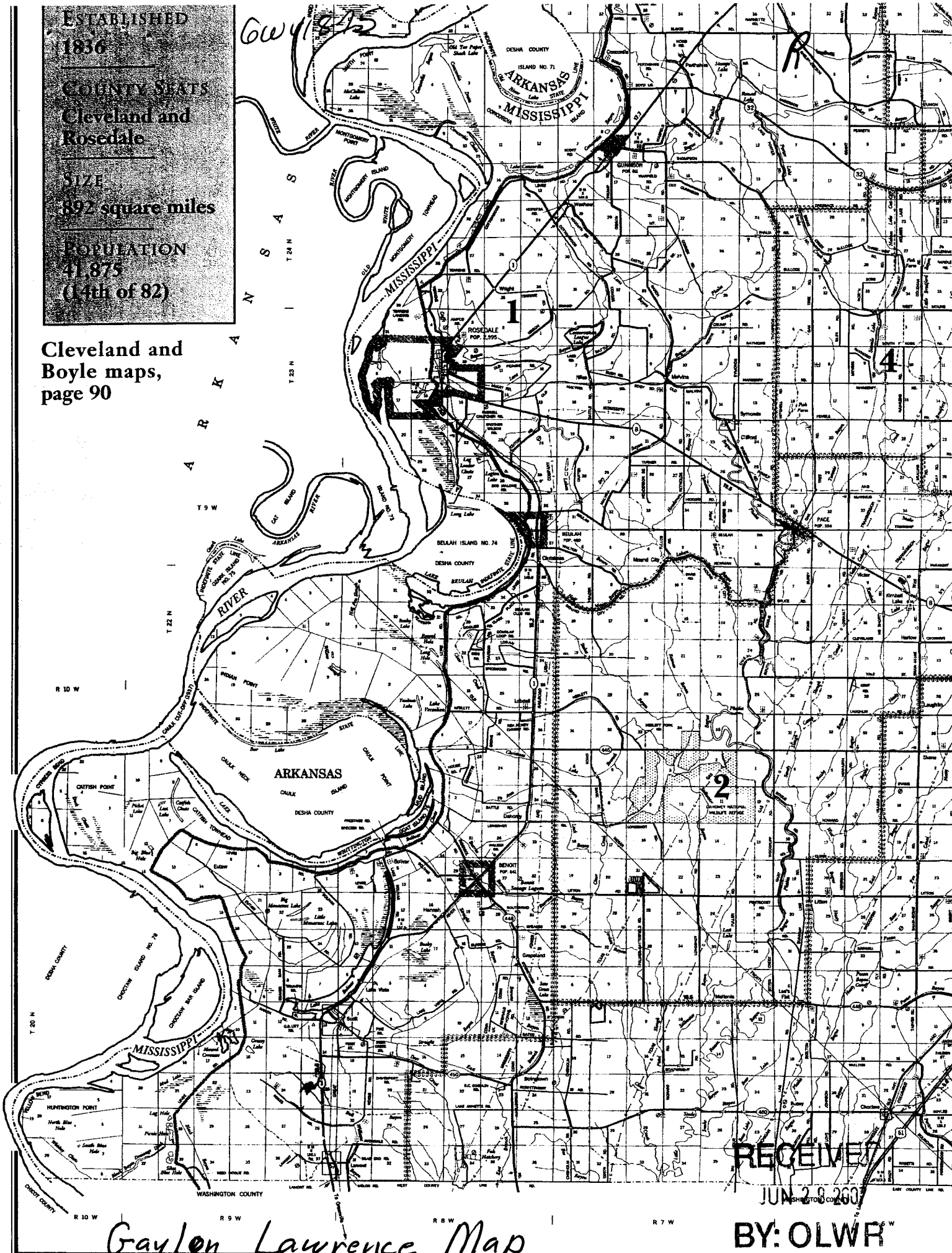
COUNTY SEATS
Cleveland and
Rosedale

SIZE
892 square miles

POPULATION
41,875
(14th of 82)

Cleveland and
Boyle maps,
page 90

6W41845



Gaylen Lawrence Map

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