

Gayland

# 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-194  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW42001  
Driller: John Newcome  
Date drilling completed: 6-5-07

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	Well Location
Owner Name: <u>GAYLAW LAWRENCE</u>	Latitude: <u>33.36.02</u> Longitude: <u>091.03.01</u>
Mailing Address: <u>DELTA PINE LAND MGT.</u> <u>PO BOX 5669</u> <u>GREENVILLE, MS. 38704</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>SE 1/4 NE 1/4</u> Sec: <u>8</u> Twn: <u>20N</u> Rng: <u>8W</u>
Telephone No: <u>662-820-8686</u>	NW Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>SCOTT</u>

**Well Data**

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

Date well drilling started: 6-5-7 Date well drilling completed: 6-5-07 GW10262

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: 108 Well depth: 107 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 27 feet Screen diameter: 16 inches Type of screen: Pck

Screen slot size: 050 inches Setting depth: From 80 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.

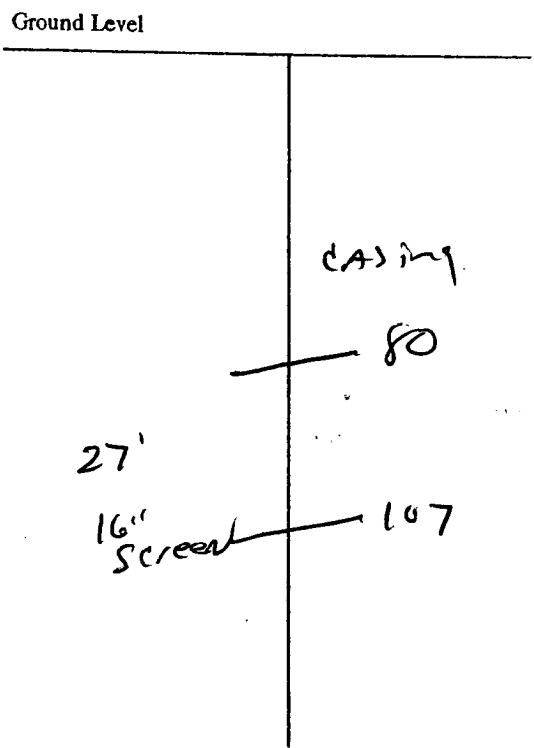
John Newcome 0-773  
Print Name of Water Well Contractor and License No. John Newcome  
Signature of Water Well Contractor

Replaces GW10262

RECEIVED  
JUL 15 2007  
BY: OLWR

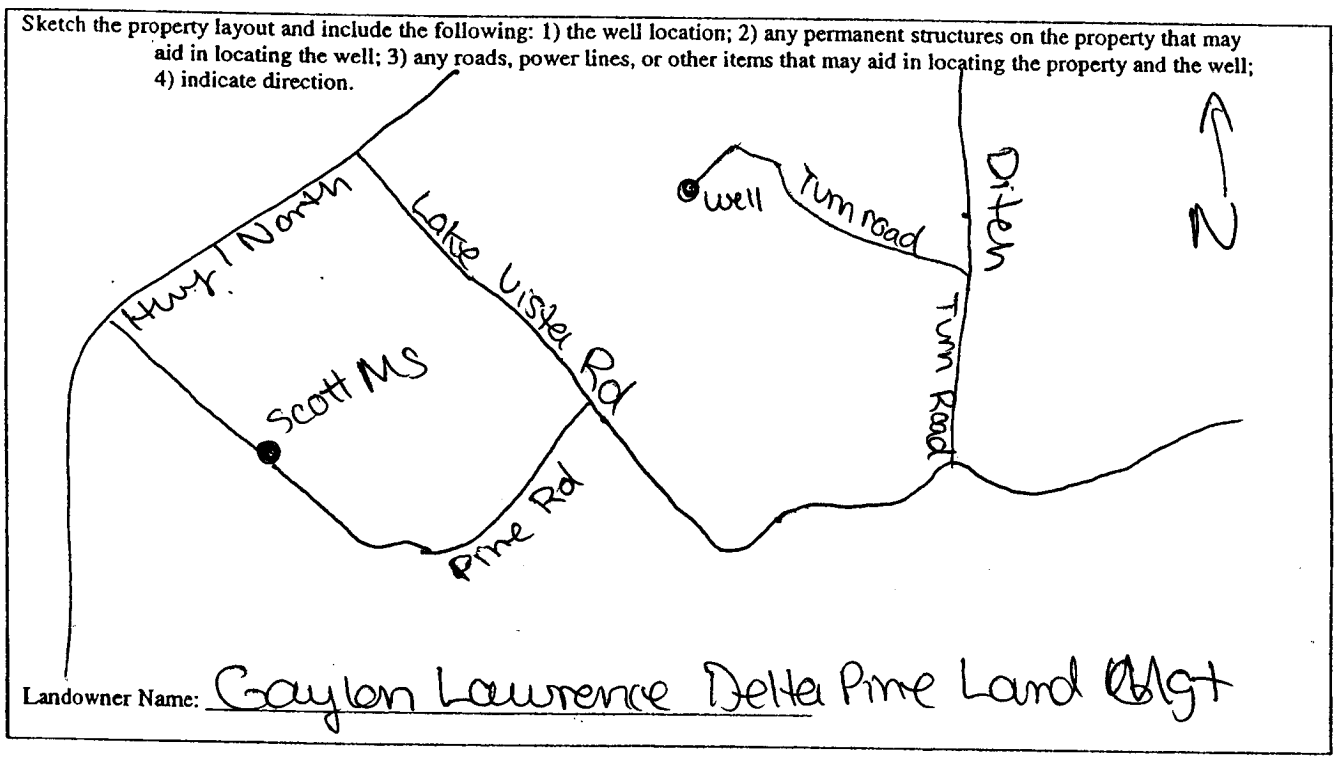
R-

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	10
Fine Sand	10	30
Blue CLAY	30	40
Fine Sand	40	80
COARSE Sand-gravel	80	107
Gray CLAY	107	108

If more than one screen, show location of each on sketch



Caylon Lawrence  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: R-194  
 Elevation: \_\_\_\_\_

County: BOLIVAR  
 Permit #: OW42001  
 Driller: J. NEWBOME  
 Date completed: 6/5/07

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: <u>33-36-02</u> Longitude: <u>091-03-01</u>
Mailing Address: <u>DELTA PINE LAND MGT.</u> <u>PO Box 5669</u> <u>GREENVILLE, MS. 38704</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>8</u> Twp <u>20N</u> Rng <u>8W</u>
Telephone No: <u>662-820-8686</u>	Distance: _____ Direction: <u>NE</u> Nearest Town: <u>SCOTT</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>6/10/07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level 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.

COLEN ROWE #710-P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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