

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 #: R254
Aquifer: _____
E-Log #: _____

County: Bolivar
Permit #: GW-47809 ✓
Driller: J. Newcome O-773
Date drilling completed: 7/1/16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Lawrence Land Holdings LLC</u>	Latitude: <u>33 36 42</u> Longitude: <u>91 00 52</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</u> <input checked="" type="checkbox"/> <u>NE</u> <input checked="" type="checkbox"/> Sec. <u>3</u> T. <u>20N</u> R. <u>08W</u>
City State Zip Code	<u>2.6</u> Miles <u>S</u> of <u>Benoit</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>7/1/16</u> Date drilling completed: <u>7/1/16</u> Hole depth: <u>123</u> Hole diameter: <u>24</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>Tablets</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 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 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 type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet [above or below] land surface Date measured: <u>MAR 16 2017</u> (circle one)	
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>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>120</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	

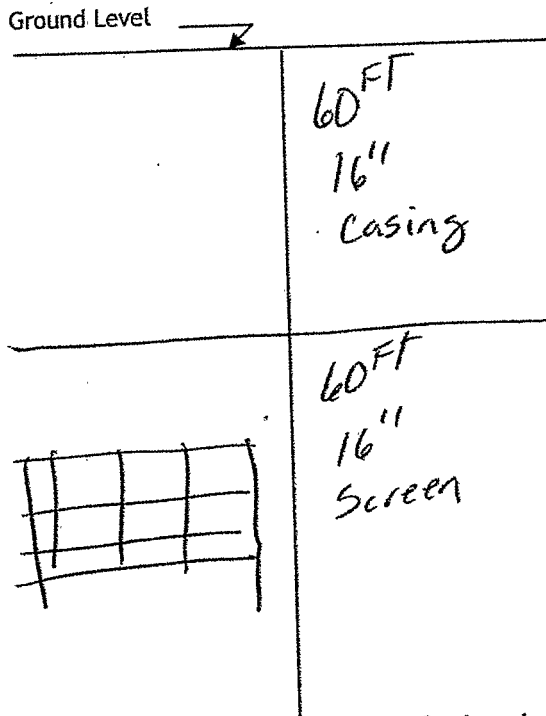
If telescoped or more than one screen, describe on next page

County: Bolivar
 Permit #: GW-47809

For Office Use Only:
 Well #: R25A

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Soil		10
Clay	10	20
Fine Sand	20	60
Medium Coarse Sand	60	120
Grey Clay Bottom	120	123

- 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) north arrow

See Map

Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWCOMB 0-773 9-2-16 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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MAR 16 2017

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County: Bolivar
 Permit #: GW-47809
 Driller: J. Newcome 0-773
 Date completed: 7/1/16
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 #: R254
 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.

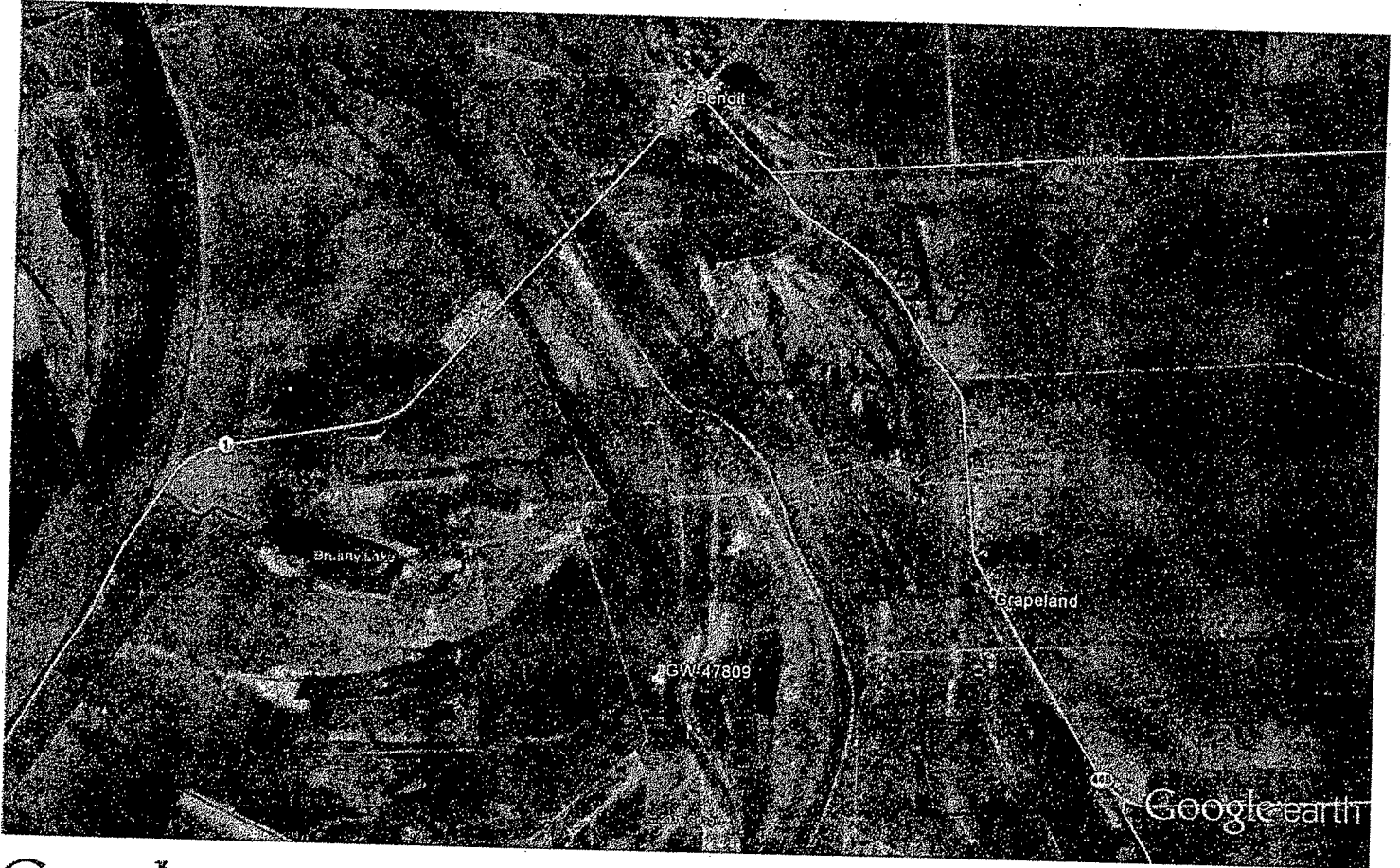
Well Owner Information	Well Location
Owner Name: <u>Lawrence Land Holdings LLC</u>	Latitude: <u>33 36 42</u> Longitude: <u>91 00 52</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Scott</u> <u>MS</u> <u>38772</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 3 T 20N R 08W</u>
Telephone No. () _____	Distance <u>2.6</u> Miles Direction <u>S</u> of Nearest Town <u>Benoit</u>

Pump Type	Power Type
Circle one Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Circle one <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7/2/16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

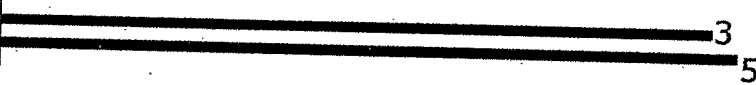
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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



Google earth

miles
km



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MAR 16 2017

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