

Gaylan Lawrence

State Well Report

Part 1

County: SHARKEY COUNTY
 Permit #: 0-7736W40812
 Driller: JOHN NEWCOME
 Date drilling completed: 12-19-05

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 #: C-151
 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>GAYLON LAWRENCE</u>	Latitude: <u>32° 59.433'</u> Longitude: <u>090° 52.581'</u>
Mailing Address: <u>PO BOX 5669</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>GREENVILLE, MS 38704</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW</u>
City State Zip Code	<u>SE</u> <u>12</u> <u>13 N</u> <u>6 W</u>
Telephone No. <u>(662) 820-4173</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>South West</u> <u>Witt A Yuma</u>

Well Data

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

Date well drilling started: 12-19-05 Date well drilling completed: 12-19-05

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 12-20-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 45 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 55-65 feet to 75-100-110 feet ¹²⁰

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 John Lawrence
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 JAN 27 2006
 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)

For Office Use Only:

Aquifer:

Well #: C-151

Elevation:

County: STARKLEY
Permit #: GW40812
Driller: JOHN NEWCOMB
Date completed: 12-19-05

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

Owner Name: GAYLON LAWRENCE
Mailing Address: PO Box 5649
GREENVILLE, MS 38701
City State Zip Code
Telephone No. 662-820-4173

Well Location

Latitude: 32-59-433 Longitude: 090-52-509
Method of Lat/Long (circle one): Conventional Survey,
USGS quad Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 1 Twn 13N Rng 6W
Distance Direction Nearest Town
6 Miles SW of NITTA YUMA

Pump Type
Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify):

Date Pump Installed: 12-20-05

Rated Pump Capacity: 2000 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO

Windmill Other (specify):

Horse Power Rating of Motor: 60

Setting Depth: 60 feet

Number of Stages: 2

Pump Test Data

Date Well Tested:
Static Water Level (A): No TEST Feet Below Land Surface
Pumping Water Level (B): RUN Feet Below Land Surface
Drawdown [(B) - (A)]: RUN Feet Below Land Surface
Test Pumping Rate: RUN Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

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.

GLEN ROWE 710-P
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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JAN 27 2006

BY: OLWR