

G. LAWRENCE #2  
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 #: C-167  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

SHARKEY  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME  
Date drilling completed: 11-14-07

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: 0 DELTA PINE LAND MOBILE  
Po Box 5669  
GREENVILLE, MS, 38704  
City State Zip Code  
Telephone No: 662-820-8686

Well Location

Latitude: 32° 55' 49.5" Longitude: 90° 53' 52.32"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 SE 1/4 Sec 35 Twn 13N Rng 7W  
Distance 1.5 Miles Direction NW of Nearest Town ROLLING FORK

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 11-14-07 Date well drilling completed: 11-14-07  
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: 123 Well depth: 120 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: P.V.C.  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.  
Screen slot size: .050 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

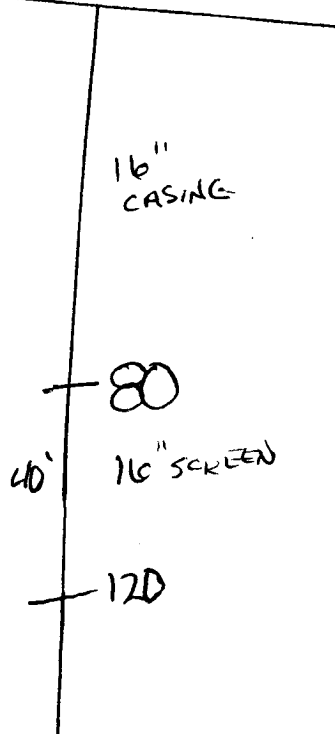
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

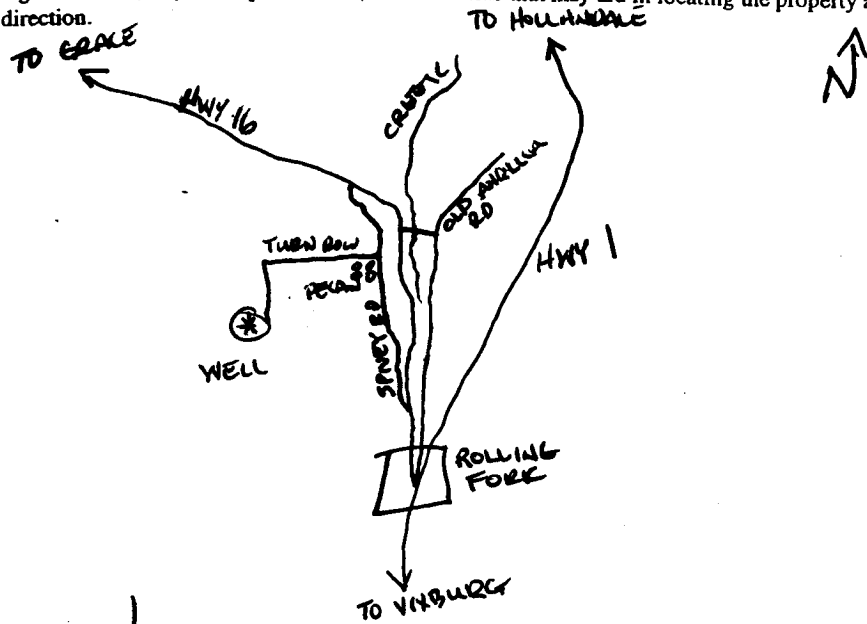
Ground Level



Description of Formations Encountered	From	To
TOP SOIL		
CLAY	0	10
FINE SAND	10	30
FAIR/FINE	30	55
	55	80
COARSE SAND/GRAVEL	80	120
MIX CLAY/FINE SAND	120	123

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

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) indicate direction.



Landowner Name: Caylon Lawrence

[Signature]  
Signature of Water Well Contractor

# STATE WELL REPORT

Well #2

## 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-167

Elevation: \_\_\_\_\_

County: SHARKEY  
 Permit #: \_\_\_\_\_  
 Driller: S. NEWCOME  
 Date completed: 11-14-07

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>CAYTON LAWRENCE</u>	Latitude: <u>32-55-495</u> Longitude: <u>090-53-529</u>
Mailing Address: <u>6 DELTA PINELAND MGT.</u> <u>PO BOX 5669</u> <u>GREENVILLE, MS 38704</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 SE 1/4 Sec <u>35</u> Twp <u>13N</u> Rng <u>7W</u>
Telephone No.: <u>662-820-8686</u>	Distance: <u>1.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>ROLLING FOLK</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket: <input type="radio"/> Piston <input checked="" type="radio"/> Turbine	Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>11-15-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>NO TEST</u> 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.

Greg Row # 710  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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