

# 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 #: J-76  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SHARKEY  
Permit #: 6041571  
Driller: J. NEWCOME 0-773  
Date drilling completed: 3-6-07

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>Gayland Lawrence</u>	Latitude: <u>32.40.22"</u> Longitude: <u>90.52.21"</u>
Mailing Address: <u>DELTA PINE LAND MGMT.</u> <u>Po Box 5669</u> <u>GREENVILLE MS 38704</u>	Method of Lat/Long (circle one): Conventional Survey
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>662-820-8486</u>	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>36</u> Twn <u>10N</u> Rng <u>7W</u>
	Distance: <u>6.5</u> Miles Direction: <u>S</u> of Nearest Town: <u>ONWARD</u>

### Well Data

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

Date well drilling started: 3-6-07 Date well drilling completed: 3-6-07

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: 145 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 90-100 feet to 115-135 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.

J. JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

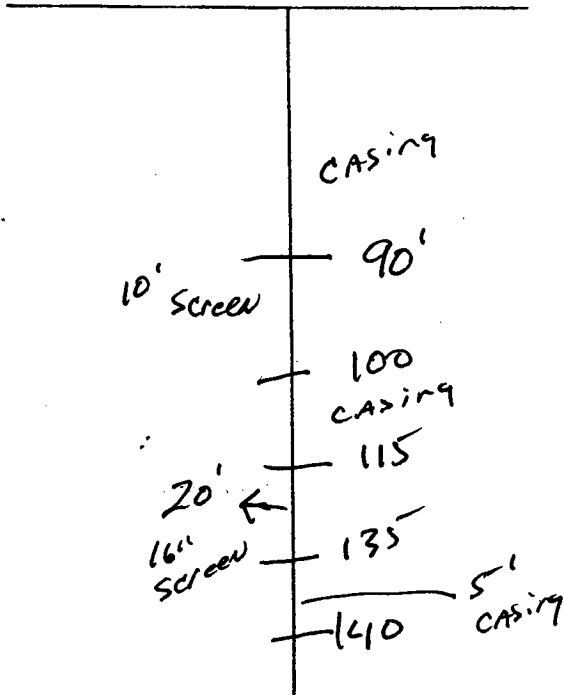
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BY: OLWR

If well telescopes please sketch below and show depths.

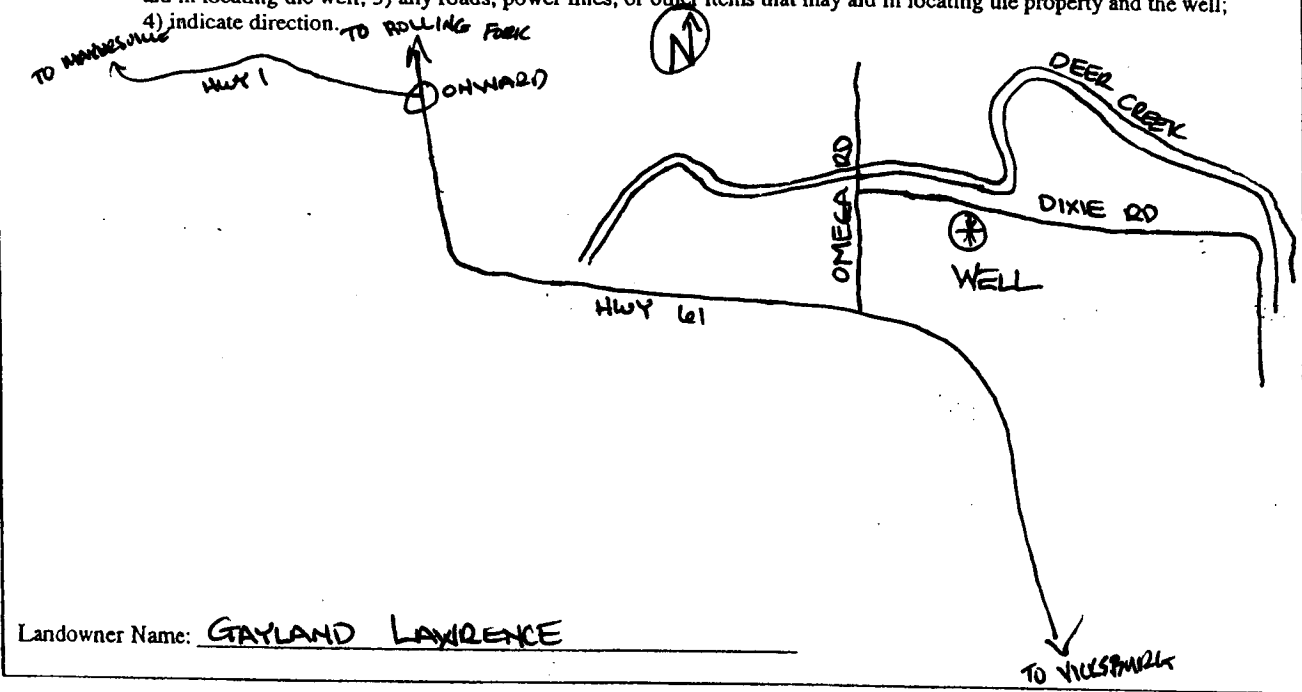
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
Blue mud-CLAY	10	70
Fine Sand	70	90
COARSE SAND	90	100
Fine Sand	100	115
COARSE SAND	115	135
Fine Sand	135	145

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.



John Newman  
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)

County: SHARKEY  
 Permit #: QW41571  
 Driller: J. NEWBOME 0-773  
 Date completed: 3-6-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-76  
 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: <u>32-40-22</u> Longitude: <u>090-52-2</u>
Mailing Address: <u>DELTA PINE LAND MGMT.</u> <u>PO Box 5669</u> <u>GREENVILLE, MS. 38704</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No: <u>662-820-8686</u>	SE 1/4 NW 1/4 Sec <u>36</u> Twn <u>10N</u> Rng <u>7W</u>
	Distance Direction Nearest Town <u>6.5</u> Miles <u>5</u> of <u>OWWARD</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-7-07</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1-Stage 1/4</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): <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.

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

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