

Gayland Lawrence Gas Substation well

# 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-77  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SHARKEY  
Permit #: QW41572  
Driller: J. NEWCOME 0-773  
Date drilling completed: 3-5-07

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>Gayland Lawrence</u>	Latitude: <u>32° 40' 29"</u> Longitude: <u>90° 55' 26"</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, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 NW 1/4 Sec <u>33</u> Twn <u>10N</u> Rng <u>7W</u>
Telephone No: <u>662-820-8686</u>	Distance: <u>3.5</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: 3-5-07 Date well drilling completed: 3-05-07

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: 128 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 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 80-105 feet to 120-125 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

John Newcome

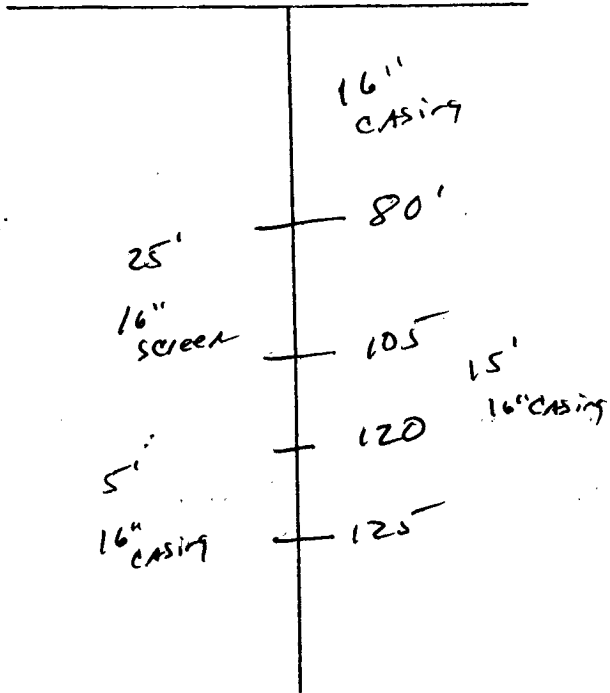
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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MAR 23 2007  
BY: OLWF

If well telescopes please sketch below and show depths.

Ground Level



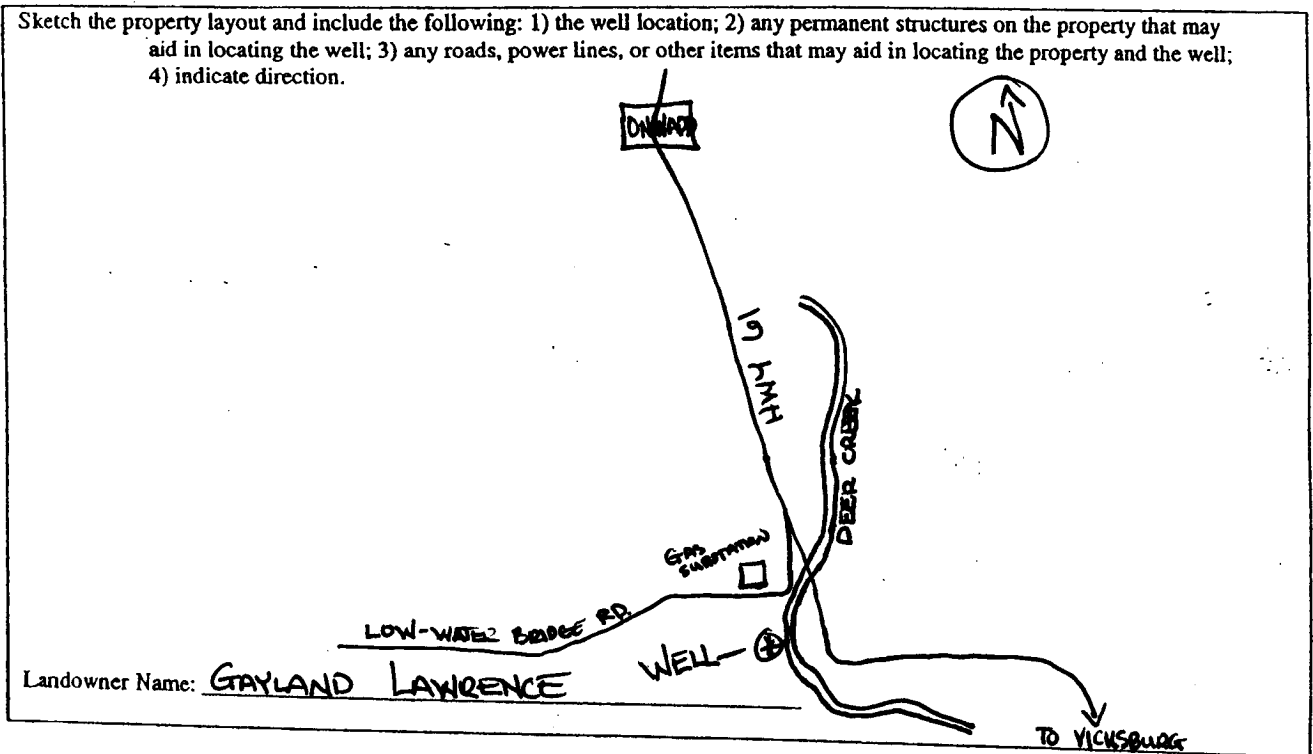
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP Soil	0	10
MIK CLAY	10	28
Fine sand	28	80
COARSE Sand - Gravel	80	105
Fine Sand	105	120
COARSE Sand	120	125
Fine Sand	125	125

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.



  
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 #: J-77  
 Elevation: \_\_\_\_\_

County: SHARKEY  
 Permit #: 6W41572  
 Drilled: J. NEWCOME 0-773  
 Date completed: 3-5-07

**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>Gayle W. LAWRENCE</u>	Latitude: <u>32-40-29</u> Longitude: <u>090-55-26</u>
Mailing Address: <u>DELTA PINEHAWK NGWT</u> <u>P.O. Box 5669</u> <u>GREENVILLE, MS 38704</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NW 1/4</u> Sec <u>33</u> Twd <u>ON</u> Rng <u>7W</u>
Telephone No: <u>662-820-8686</u>	Distance _____ Direction _____ Nearest Town _____ <u>3.5</u> Miles <u>5</u> of <u>ONWARD</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 H.P.</u>
Date Pump Installed: <u>3-6-07</u>	Setting Depth: <u>60 ft.</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1-stage 14"</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>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> 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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 MAR 23 2007  
 BY: OLWR