

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 #: A-182
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: 6W 40606
Irrigation Equipment
Driller: _____
Date drilling completed: 9-12-05

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> c/o Delta Pine Land Management, LLC Mailing Address: _____ <u>Box 5669</u> <u>Greenville, MS 38704</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 31' 60" N</u> Longitude: <u>90° 58' 93" W</u> Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>NE</u> NW 1/4 NW 1/4 Sec 1 Twn 19N Rng 8W Distance <u>6</u> Miles Direction <u>NE</u> of Nearest Town <u>Winterville</u>

Well Data

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

Date well drilling started: 9-12-05 Date well drilling completed: 9-12-05

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

Static Water Level: 27' feet above or below (circle one) land surface Date measured: 9-14-05

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

Hole depth: 116 Well depth: 116' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 77 feet to 116 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): _____

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SEP 26 2005
VMD JOINT WATER MANAGEMENT DISTRICT

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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Patrick M Chism

40606

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SEP 27 2005
BY OLWR

