

County: Washington  
 Permit #: 6-6-444134  
 Irrigation Equipment  
 Date: 6-5-2010  
 Date drilling completed: \_\_\_\_\_

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: B 94  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Gaylon Lawrence</u> Mailing Address: <u>Box 5669</u> <u>Greenville MS 38704</u> City State Zip Code <u>662-820-8686</u> Telephone No. ( ) fax <u>662-332-9379</u> Contact: <u>Jack Turnipseed</u>		<b>Well or Borehole Location</b> 33 26 43.0N 90 55 59.1W Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SW 1/4 SW 1/4 Sec 33 Twn 19N Rng 7W</u> Distance Direction Nearest Town Miles of <u>Stoneville</u>	
<b>Well / Borehole Data</b> Date drilling started: <u>6-5</u> Date drilling completed: <u>6-5-2010</u> Hole depth: <u>125</u> Hole diameter: <u>24"</u> Location of the source of any surface water used for drilling: <u>Surface Water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If driller is not related to water well construction, slide the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: <u>Replacement</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>22'</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>6-6-2010</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Pentonic</u> Mix Casing length: <u>85</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>125</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A (04/08)

Note: old well is 10' north of new well.  
 16" Steel

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County: Washington  
 Permit #: 6644434  
**Irrigation Equipment**  
 Date: 6-5-2010  
 Date completed: \_\_\_\_\_  
 Copy information from block on Part 1

# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B96  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Gaylon Lawrence</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 5669</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
<u>Greenville MS 38704</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 Sec 33 T19N R 7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
Contact: <u>Jack Turnipseed</u>	_____ Miles _____ of <u>Stoneville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input checked="" type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-6-2010</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500±</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ 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	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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