## Gayland Laverence

	State We	II Report	For Office Use Only:	
County: WASHINGTED	Pa	rt 1		
County: WASKING IN	Mississinni Denartment	of Environmental Quality	Aquifer:	
Permit #: 60043402	Office of Land an	d Water Resources	Well #: <u>6342</u>	
Driller: J. NEWCOME O-TB			L. S. Elevation:	
Date drilling completed: 6-16-09		61-5210	1	
Date drilling completed:	(601)354	-6938 (fax)	E-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the gof the well.		with the Department within	
Well Owner Inform	ation	,,,,	— ·	
Owner Name Carylon L	awrend		" Longitude: 91 • d 20 "	
Mailing Address: P.O. Box	5669	Method of Lat/Long (circle of		
		USGS quad Hand-he	Id GPS, Survey-grade GPS	
Greenville 1	15 387N 54	DAMEN SEC Sec 2	Twn MR Rng 9W	
City	tate Zip Code	Distance Direction	Nearest Town	
Telephone No. (1012) 820 - 86	86	Distance Direction  1.5 Miles SE	of GREENVILLE DRIVALE	
Well Data				
Purpose of Well (circle one) Home I	industrial Public Supply	Irrigation Fish Culture	Other:	
Purpose of Well (circle one) Frome	Monstrat Tuone - 471-9		-16-09	
Purpose of Well (circle one) Home Industrial Fublic Supply  Date well drilling started: 6-16-09  If flowing, method of flow regulation: Valve Other (describe)				
If flowing, method of flow regulation:	Valve Other	(describe) Date measure	od:	
Static Water Level:fee				
Method of Measurement (circle one)	steel tape electric tap		į	
Hole depth: 113 Well			01	
Type of grout (circle one): Cement	Bentonite M		0.7	
Casing length: 70 feet Casing diameter: 16 inches Type of casing: PYC				
Screen length: feet Screen diameter: luches Type of screen: FV C				
Screen slot size: 1050 inches Setting depth: From 70 feet to 110 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 on	e screen, describe on back of page	
Logs run (circle all applicable). No l	og run Electric Gamma	Ray Density Sonic Neutr	on Other:	
Name of organization running log(s)		in accordance with all appli	cable requirements of the Mississippi	
I certify that the well was drilled, of Department of Environmental Qua	OBSTRUCTO, and Completed	Department of Health regul	ations and state laws.	
Department of Environmental Qua	HITY and/or the Mississippi	1 K	$\searrow$	

Print Name of Water Well Contractor and License No.

JUL 3 0 2009

Signature of Water Well Contractor
RECEIVED

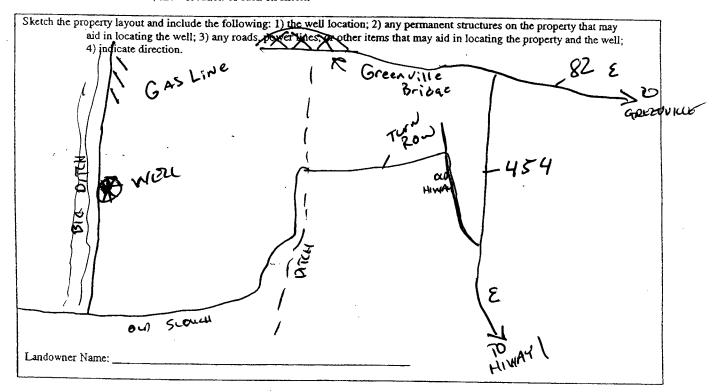
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	
SCREEN	CASENG -70'

Description of Formations Encountered	From	То
-10P 30il	0	10
Mix CIAY	10	70
Blue mud	40	70
COArse San &	70	110
Gravel	100	113

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



Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

County: Washington
Permit # 600 43400 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 6/16/09 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer:
Well #: <u>6342</u> Elevation:

This report should be prepared by the pump installer in detail and filed with the De

installation of pump.	an and med with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Caylon Lawrence	Latitude: 330 17'25" Longitude: 91° 06'20"
Mailing Address: P.O. BOX 5049	Method of Lat/Long (circle one): Conventional Survey.
Greenville MS 38704-5069	USGS quad Hand-held GPS. Survey-grade GPS
City State Zip Code	NE VS Sec Twn 17N Rng 9W
	Distance Direction Nearest Town
Telephone No. ()	1.5 Miles SE of Greenville Bridg
Pump Type	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 60
Date Pump Installed: Coll 6/09	Setting Depth:
Rated Pump Capacity: 2606 Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested:	Circle one
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tapc
h, t	Other (specify):
TO CO ( )	
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate Gallons Per Minute	Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
I HEREBY CERTIFY that the shows statement and the	

THEDERY CERTIFICATION
I HEREBY CERTIFY that the above statements are true to the best of my knowledge
Con Rowe O-711P ( )
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer

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JUL 3 0 2009

BY: OLWR