

DREW LAWRENCE #4

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: _____
Well #: G-356
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-47032 ✓
Driller: J. NEWNAME 0-773
Date drilling completed: 4.7.13

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Drew Lawrence</u>	Latitude: <u>33° 19' 03"</u> Longitude: <u>91° 03' 12"</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Greenville MS 38704</u>	<u>NW 1/4 SW 1/4 Sec 22 Twn 17N Rng 08W</u>
City State Zip Code	Distance Direction Nearest Town <u>5.5 Miles S.W. of GREENVILLE</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 4.16.13 Date drilling completed: 4.16.13 Hole depth: 87 Hole diameter: 20"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) Replaces GW43921

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, 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: _____

Well depth: 85 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 35 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 50 feet to 85 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 next page*

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

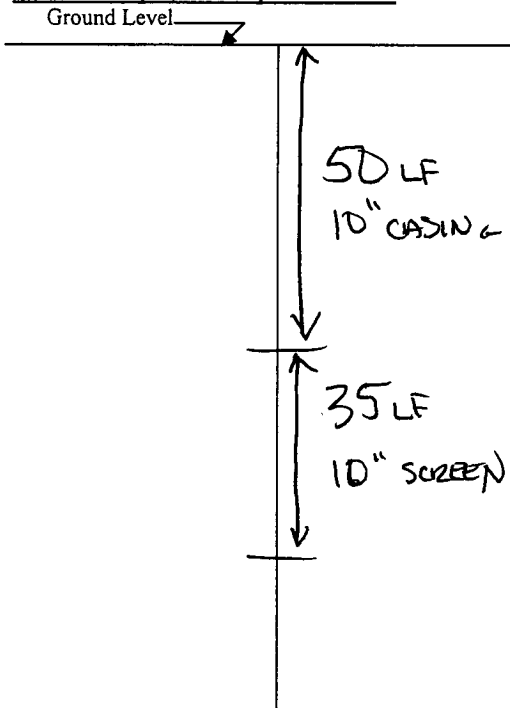
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	35
SAND	35	50
MEDIUM / COARSE SAND	50	65
COARSE SAND	65	80
MEDIUM SAND	80	84
BOTTOM	84	87

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) a north arrow.

SEE MAP

Landowner Name: _____

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWCOME 0.773 4.16.13 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

OCEANOGRAPHY WELL REPORT

County: Washington
 Permit #: GW-49032
 Driller: J. Newcome
 Date completed: 4/17/13

Mississippi Department of Environmental Quality
 Office of Ground and Water Resources
 P.O. Box 26001
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G356

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>Drew Lawrence</u> Mailing Address: <u>P.O. Box 5669</u> <u>Greenville MS 38204</u> <small>City State Zip Code</small>	Latitude: <u>33-19-03</u> Longitude: <u>91-03-12</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 22 Twn 17N Rng 08W</u> Direction Nearest Town <u>S.S. Miles S.W. of Greenville</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30HP</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>4/18/2013</u>	
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date of Test: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface <u>Not Tested</u> Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Lift <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ <u>Not Tested</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Hubbard Stephens 741-P Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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