

State Well Report

Part 1

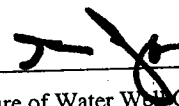
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: B60
L. S. Elevation: _____
E-log #: _____

County: Adams
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 8/2/11

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>Clint Morgan</u>	Latitude: <u>31° 40' 23"</u> Longitude: <u>91° 20' 00"</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>555 Hunting Club, Inc.</u> <u>P.O. Box 1621</u> <u>Raceland, LA 70394</u>	IR $\frac{1}{4}$ IR $\frac{1}{4}$ Sec <u>26</u> Twn <u>8N</u> Rng <u>2W</u>	Distance <u>2.25</u> Miles Direction <u>E/SE</u> of Nearest Town <u>Anna's Bottom</u>	
City State Zip Code			
Telephone No. <u>985 209-9078</u>			
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>8/1/11</u> Date well drilling completed: <u>8/2/11</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>150</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8/2/11</u>		
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>203'</u> Well depth: <u>200'</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Cement</u> Bentonite Mix	Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>.010</u> inches Setting depth: From <u>180</u> feet to <u>200</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. If telescoped or more than one screen, describe on back of page	Logs run (circle all applicable): <u>No log run</u> 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.		
RAYBORN DRILLING, INC.	<u>0-60</u>	 RECEIVED	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

AUG 08 2011

BY: OLWR

WALDOH DYNING INC

10/10/11
10/11/11
10/11/11

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)

County: Adams
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 8/2/11

For Office Use Only:

Aquifer: _____
 Well #: B60
 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>Clint Morgan</u>	Latitude: <u>31-40-23</u> Longitude: <u>91-20-00</u>
Mailing Address: <u>555 Hunting Club, Inc.</u> <u>P.O. Box 1621</u> <u>Raceland, La 70394</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1R</u> 1/4 <u>1R</u> 1/4 Sec <u>26</u> Twn <u>8N</u> Rng <u>2W</u>
Telephone No. <u>(985) 209-9078</u>	Distance: <u>2.25</u> Miles Direction: <u>E/SE</u> of Nearest Town: <u>Anna's Bottom</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input 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>1-HP</u>
Date Pump Installed: <u>8/2/11</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/2/11</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>150</u> 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 <u>10</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> 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.

Gary Rayborn 0-60 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

AUG 08 2011
 BY: OLWR

