

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 #: F-141
L. S. Elevation: _____
E-log #: _____

County: Adams Co
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 11-9-06

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>Mark Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>239 Atherton Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Metairie, LA 70005</u>	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>6N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(504) 481-5873</u>	<u>4</u> Miles <u>5</u> of <u>Natchez</u>

Well Data

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

Date well drilling started: 11-9-2006 Date well drilling completed: 11-9-2006

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 11-9-2006

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

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 60 feet to 80 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): _____

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.

0-60

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR

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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)

For Office Use Only:

Aquifer: _____

Well #: F-141

Elevation: _____

County: Adams

Permit #: _____

Driller: Gary Rayborn

Date completed: 11-9-06

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>Mark Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>239 Atherton Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Metairie LA 70005</u>	_____ ¼ _____ ¼ Sec <u>1</u> Twn <u>6N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>504) 481-5873</u>	<u>4</u> Miles <u>5</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	Electric Motor <input type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-10-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>20</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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]
Signature of Pump Installer

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BY: OLWR