

COPY

160

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: F152
Aquifer:
E-Log #:

County: Adams
Permit #:
Driller: Gary Rayborn
Date drilling completed: 6/30/21

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.

Well Owner Information (Landowner if borehole is not for a water well)
Well or Borehole Location
Owner Name: Cherrybark LLC
Mailing Address: 321 Main St.
Latitude: 31°26'30"N Longitude: 91°22'45"W
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
Natchez MS 39120
City State Zip Code
Telephone No. (662) 299-0638
7 Miles SE of Natchez
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 6/28/21 Date drilling completed: 6/30/21 Hole depth: 140' Hole diameter: 4"
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (check all applicable): NO log run
Name of organization running log(s):
Purpose of borehole (check one): Water Well
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check all applicable): Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 60 feet below land surface Date measured: 6/30/21
Method of measurement (check one): Electric tape
Well depth: 140' Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 10/10 inches Setting depth: From 120 feet to 140 feet
Type of completion (check all applicable): Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet
If telescoped or more than one screen, describe on next page

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: F 152
 Aquifer: _____

County: Adams
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 6/30/21
Copy information from block on Part 1

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>Cherrybank LLC</u>	Latitude: <u>31°26'30"N</u> Longitude: <u>91°22'45"W</u>
Mailing Address: <u>321 Main St.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Natchez</u> <u>MS</u> <u>39120</u> City State Zip Code	<u>1R</u> ¼ <u>1R</u> ¼, Sec <u>43</u> T <u>6N</u> R <u>3W</u>
Telephone No. <u>(662) 299-0638</u>	<u>7</u> Miles <u>SE</u> of <u>Natchez</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible
 Turbine
 Air Lift
 Centrifugal
 Flowing Well
 Jet
 Piston
 Rotary
 Other (describe): _____

Date Pump Installed: 6/30/21 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric
 Diesel
 Gasoline
 Natural Gas
 Tractor PTO
 Windmill
 Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 100 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 6/30/21 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

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Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Rayborn Drilling Inc. 60 7/27/21
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer