STAT	E WELL REPORT			
county: Adams OCI	Part 1	For Office Use Only:		
	Driller's Log	Well #: <u>651</u>		
Mississippi Ver	partment of Environmental Quality of Land and Water Resources	Aquifer:		
	P.O. Box 2309	E-Log #:		
Date drilling completed: 8[13]15	Jackson, MS 39225-2309 (601)961-5210			
Σ	(601)360-0535 (fax)	÷		
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		Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: 31°29'9" Lor	Latitude: 31°29'9" Longitude: 91°15'54"		
Owner Name: Johnny Dale Mailing Address: 549 Duncan Ave	Method of Lat/Long (check one	Method of Lat/Long (check one): Conventional Survey,		
	USGS quad, Hand-held G			
Natchez MS 39120 St 4 5E 4, Sec 29 T 6N R 2W				
Notchez MS 39120 City State Zip Code 6.8 Miles S/SW of Cranfie Id				
Telephone No. (601) 431 - 5432	(Distance) (Direction)	(Nearest Town)		
Well / Borehole Data Date drilling started: 8 13 15 Date drilling completed: 8 13 15 Hole depth: 190 Hole diameter: 4"				
Location of the source of any surface water used for drilling:				
Location of the source of any surface water used for d	rilling:			
Location of the source of any surface water used for d Method of dosing and volume of Chlorine used in drilli				
	ng and development:			
Method of dosing and volume of Chlorine used in drilli	ng and development:			
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric C	ng and development:			
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric Contains and volume of organization running log(s): Purpose of borehole (circle one): Water Well Geote	ng and development:	on Other:		
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric Contains and volume of organization running log(s): Purpose of borehole (circle one): Water Well Geote	ng and development: Samma Ray Density Sonic Neutro echnical/Geological Investigation ther (describe)	on Other:		
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric Contains and volume of organization running log(s): Purpose of borehole (circle one): Water Well Geote Seismic Survey Ot	ong and development:	on Other:		
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric Contains and volume of organization running log(s): Purpose of borehole (circle one): Water Well Geote Seismic Survey Ot If drilling is not related to water we	ong and development:	Ground Source Heat Pump		
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric Content of Chlorine used in drilling run in Electric Content of Co	and development: forma Ray Density Sonic Neutron echnical/Geological Investigation ther (describe) fell construction, skip the remainder rial Public Supply Irrigation	Ground Source Heat Pump		
Method of dosing and volume of Chlorine used in drilli Logs run (circle all applicable): No log run Electric Continuous Purpose of borehole (circle one): Water Well Geote Seismic Survey Ot If drilling is not related to water water Purpose of Well (circle all applicable): Home Industrial Other (describe):	ng and development: camma Ray Density Sonic Neutro chnical/Geological Investigation ther (describe) cell construction, skip the remainder rial Public Supply Irrigation Other (describe) Other (describe)	Ground Source Heat Pump of this block Fish Culture		

Well depth: 190' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

inches

Underreamed

_inches

Casing diameter: ___

Screen diameter:

Setting depth: From

__feet

If telescoped or more than one screen, describe on next page

Casing length: 170 feet

Screen length: 20 feet

Other (describe):___

Screen slot size: • OLO inches

Top of lap pipe or reduction in casing: ___

Type of completion (circle all applicable): Gravel packed

Form: OLWR-SWR-1A (4/13)

_feet

Natural Development

Type of casing:

Open hole

Type of screen:

County: _ADA (•	l	Office Use	·
The sketch below only r	required for water wells	Description of formations en and boreholes, unless specific	countered i	nust be provided oted by regulation	d for all wells
	uepins on skeich.	Description of Formations Encou	untered	From (depth)	To (depth)
Ground Level		CHALK		Ground level	40
		RED CLAY GRA	VEI	40	80
	•	SAND + CLAY STI	PAKC	80	140
		Medium SAND		140	190
	İ	MEDIAM CANI	2	140	190

	1				
					
					
	1				
If more than one screen, sho	l ow location of each on sketch				
	•.				
Sketch the property layout an 1) the well location 2) any permanent struct 3) any roads, power line 4) north arrow	ures on the property that may	in locating the property and the well		, cranti	eld
	Prospect Rd	Lib	erty R	,	
	a spect Kar	• 8	-7,0	√	,
\rightarrow /	46031	LGravel way			
29/		1 Graves way			
		/Eg Dure ma			
₹/		1.2			
(o /					
\$5/		awell		\	
.57				*	
Springhed R	r#				
51					\
7					\
					\
Landowner Name:					
			····		
I HEREBY CERTIFY that the requirements of the Mississ if applicable, and state law		constructed, and completed in acmental Quality and the Mississipp	ccordance i Departme	with all applica ent of Health re	ble gulations,
Rayborn Drilling	ig Inc 0-60	8/19/15	~	1	
this name of veshousible	Licensee and License No.	Date	Signature c		
			-	Form: OLWR-SV	VR-1A (4/13)

STATE WELL REPORT

County: Permit #: Driller: Gary Rayborn Date completed: 8/13

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources P.O. Box 2309

Part 2

For Office Use Only:
Well #: 651
Aquifer:

I HEREBY CERTIFY that the above statements are true to the Rouborn Drilling Inc. O-60 Print Name of Pump Installer and License No. (if applicable)	e best of my knowledge. 8 19 15 AUG 2 1 2015	
For agricultural wells, à list of app		
	Tores needed to on the MDD graduate	
I Important: Rusubmitting the above information you are co	ertifying that this meter was installed to manufacturer standards.	
Is This Meter (circle one): New Repaired Replaceme		
Installation Date: Meter installed by: _		
Totalizer Register Unit and Multiplier Factor (AF x .001, gal		
Meter Model Number/Name:	Type of Meter:	
Meter Manufacturer: Meter Serial Number:		
	Installation	
Well yieldedGPM with a drawdewn of	feet after hours of pumping	
Measured shut in head:feet.		
	ta for Flowing Well	
Method of measurement (circle one): Steel tape (Electric ta		
Drawdown [(B) - (A)]:Feet Below Land Surf		
Static Water Level (A): Feet Below Land Surface		
Date Well Tested: 81415	Duration of Pump Test (minimum 4 hours): hours	
	for Non Flowing Well	
Horse Power Rating of Motor: 5 Setting Dept		
Electric Diesel Gasoline Natural Gas Tractor PTO Wind	` ` `	
Is This Pump (circle one): New Repaired Replacemen	nt pe (circle one)	
	Jet Piston Rotary Other (describe):	
	pe (circle one)	
Telephone No. (601) 431-5432	(Distance) Alles SISW of Cranfield (Nearest Town)	
Natchez MS 39120 City State Zip Code	14, Sec 29 τ 6N R 2ω	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: 549 Duncan Ave.	Method of Lat/Long (check one): Conventional Survey,	
Owner Name: Johnny Dale	Latitude: 31° 29' 9' Longitude: 91° 15' 54"	
Well Owner Information	· Well Location	
This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 Department at the above address within 30 days of well completion.	
·) 360-0535 (fax)	
	501)961-5210	