	State W	ell Report	For Office Hee Only			
County: Adams	Part 1		For Office Use Only:			
•	Mississippi Department	of Environmental Quality	Aquifer:			
Permit #:		nd Water Resources	Well #: _ K - 91			
Driller: Gary Rayborn	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:			
Date drilling completed: 4-19-09	-	961-5210				
	(601)354	I-6938 (fax)	E-log #:			
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 Informa	ation	Wel	l Location			
Owner Name Mike Gue	don	Latitude:,	_" Longitude:°'"			
Mailing Address: dba Coles Creek		Method of Lat/Long (circle o				
Guedon Loop Rd			GPS, Survey-grade GPS			
Notchez N	15 39120	1414 Sec_16	$_{\text{Twn}}5N_{\text{Rng}}2\omega$			
City St Telephone No. (601) 442-	ate Zip Code	Distance Direction Miles 5/W	of Kingston			
	Well	Data	Farm Use			
Purpose of Well (circle one) Hame In	Dublic Complex	Imigation Rich Culture	· · · · · · · · · · · · · · · · · · ·			
Purpose of Well (circle one) Hame In	dustrial Public Supply	inigation Tish Culture	III 00			
Date well drilling started: 4-16-09 Date well drilling completed: 4-17-09						
If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: 12 feet above of below scircle one) land surface Date measured: 4-17-09						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet						
Type of grout (circle one): Cement	Bentonite Mix		_			
Casing length: 100 feet Cas	sing diameter:	inches Type of casing:	PVC			
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC						
Screen slot size: 1020 inches Setting depth: From 100 feet to 120 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:						
Logs run (circle all applicable) No log						
Name of organization running log(s): I certify that the well was drilled, cons	tructed, and completed in	accordance with all applicab	le requirements of the Mississippi			
Department of Environmental Quality	and/or the Mississinni N	enartment of Health regulation	ns and state laws.			
Department of Environmental Quality	sum of me is reserve this D	cher mione or 110mm 1.00				

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor-and License No.

Signature of Water II Contractor RECEIVED

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STATE WELL REPORT Part 2

County: Adams

Permit #:

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

For Office Use Only:		
Aquifer:		
Well #:	4/	

Date completed: 4-11-09		1-6938 (fax)		Elevation:		
This report should be prepared by the installation of pump.	e pump installer in detail	and filed with th	e Department	within 30 day	s of the	
Well Owner Informati	ion		Well	Location		
Owner Name: Mike Guedon		Latitude:		Longitude:		
Mailing Address:	- 10)	Method of Lat/Long (circle one): Conventional Survey,				
Guedon Loo	p Ka	USGS quad, Hand-held GPS, Survey-grade GPS				
Nortchez US City State	5 39 (20 7 in Code	1/4	_14 Sec_16	Twn_5N	$R_{\text{ng}} \mathcal{Q} \omega$	
				Nearest To		
Telephone No. (601) 442-674	16	Miles	<u>Sw</u> of	Kings	ton	
Pump Type Circle one				ver Type rele one		
Air Lift Jet (Submersible	Diesel Engine	Gasoline	e Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor	Hand		Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill	-	specify):		
Other (specify):		Horse Power Ra	ting of Motor:	5_		
Date Pump Installed: 4-21-0)9	Setting Depth: _	8	1 '	_feet	
Rated Pump Capacity: 90		Number of Stage	es:		_	
				• • • • • • • • • • • • • • • • • • • •		
Pump Test Data	. 0	IV.		suring Water I	Level	
Date Well Tested: $4-21-C$		Air Line	Electric Meas	uring Line	Steel Tape	
Static Water Level (A):Feet	Below Land Surface	Other (specify):			-	
Pumping Water Level (B):Feet	Below Land Surface	Other (specify).				
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well	l, measured sh	ıt in head:	feet	
Test Pumping Rate: 80	_Gallons Per Minute	Well yielded	<u>80</u>	_GPM with a	drawdown of	
Duration of Pump Test (minimum 4 hours):	:hours		feet after	h	ours of pumping	
I HEREBY CERTIFY that the above states	nents are true to the best o	of my knowledge.	_			
Gary Rayborn	0-60		<u>フ</u>	- X-	<u> </u>	
Print Name of Pump Installer and License-	No. (if applicable)	Signatu	re of Pump In	staller 🔾	RECEIVE	

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	•							
If w	ell telescopes	please	sketch	below	and	show	dep	ths

K- 41

Ground Level				

Description of Formations Encountered	From	То
TOP SOIL	0	1
SAND		20
LARGE GRAVEL	20	60
Pea Gravel WISTREAKS of Clay	60	80
Coarse Sand	80	120
		
		
	<u> </u>	
	<u> </u>	<u> </u>

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

Sketch the p	roperty 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) indicate direction. Amiles Hutchins Landing Rd Well OLD Gruech
S Landowner	Name:

Signature of Water Well Contractor

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