7	State We	ell Report	For Office Use Only:		
County: Adams	Part 1				
	Mississippi Department of Environmental Quality Aquifer:				
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: M-24		
Driller: Gary Rayborn	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 52808		061-5210	E-log #:		
	J ` `	1-6938 (fax)			
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 Well Owner Inform	ation	Wel	ll Location		
Owner Name James Cattle	2 & Land Co	Latitude:'	_" Longitude:°"		
Mailing Address: P. O.Box	Method of Lat/Long (circle one): Conventional Survey,		ne): Conventional Survey,		
, and the second	USGS quad, Hand-held GPS, Survey-grade GPS				
Ft Worth 7	x 76147	1414 Sec_4			
City	tate Zip Code	Distance Direction	Nearest Town		
Telephone No. (60) 1442 - 40	044	5,2 Miles South	of Sibley		
Well Data					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:					
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 5128108 Date well drilling completed: 5128108					
Date well drilling started: Date well drilling completed If flowing, method of flow regulation: Valve Other (describe)					
If flowing, method of flow regulation: V	alve Onler (uescribe)	5/28/08		
Static Water Level: 18feet above or below (circle one) land surface Date measured: 5 28 08					
	steel tape electric tape				
Hole depth: 120' Well depth: 120' Well grouted to a depth of 10 feet					
Type of grout (circle one): Cement			Over		
Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC					
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC					
Screen slot size: 1010 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: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, cor	structed, and completed in	accordance with an applicat	one and state laws.		
Department of Environmental Qualit	y and/or the Mississippi D	epartment of Health regulation	uis allu state ians.		

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor and License No.

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Signature of Water Well Contractor

BY: OLWR

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STATE WELL REPORT

Part 2

Adams

Print Name of Pump Installer and License No. (if applicable)

County:

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 #:		
Elevation:		

<u> </u>	(601)354	1-6938 (fax)		
This report should be prepared by the installation of pump.	pump installer in detai			
Well Owner Information		Well Location		
Owner Name: James Cattle & Land Co		Latitude:Longitude:		
Mailing Address: P.O.Box L	M0338	Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand	d-held GPS, Survey-grade GPS	
Ft. Worth 7	x 76147	1/41/4 SecL	Twn 4N Rng 3W	
City State Zip Code		Distance Direction Nearest Town		
Telephone No. (601) 442-4044		5,2 Miles South	of Sibley	
Pump Type Circle one		1	ower Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ine Engine Natural Gas	
Bucket Piston	Turbine (Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	1	(specify):	
Other (specify):		Horse Power Rating of Motor	r. 1.5	
Date Pump Installed: 5 28 0	8	Setting Depth:	10 feet	
Rated Pump Capacity: 25	Gallons Per Minute	Number of Stages:	14	
Pump Test Data			easuring Water Level Circle one	
Date Well Tested: 512808 Static Water Level (A): 8 Feet Below Land Surface		Air Line Electric Me	easuring Line Steel Tape	
		Other (specify):		
Pumping Water Level (B):Feet				
Drawdown [(B) – (A)]:Feet		For flowing well, measured s		
Test Pumping Rate:	_Gallons Per Minute	Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hourshours	feet after	hours of pumping	
I HEREBY CERTIFY that the above states	nents are true to the best	of my knowledge.		
Print Name of Pump Installer and License I	O ~ (O)	Signature of Pump	Installer	

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MAY 3 0 2008

BY: OLWR

f well	telescopes	nlease	sketch	below	and	show	depths
T MCH	ICICSCOPCS	picasc	Protott	001011	****	D110	

Ground Level	Description of Formations Encountered	FIOII	10
	CHALK	0	50
	Fine Sand	50	80
	Coarse Sand	80	120
			1
			 -
<u> </u>			
			<u> </u>
If more than one screen, show location of a	each on sketch		

Sketch the property layout and include the follow	owing: 1) the well location; 2) any permanent structures on the property that may
aid in locating the well; 3) any ro	pads, power lines, or other items that may aid in locating the property and the well;
4) indicate direction.	1201 ₀ 1
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·	Adams Co Wilkinson Co
	Wilking
	River
	Buffeto KIVEI
Landowner Name:	

	<u> </u>
Signature of Wate	r Well Contractor