

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-59
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 4-12-08

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>Energy Drilling</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>1</u>	USGS quad, Hand-held GPS, Survey-grade GPS	<u>Natchez MS 39121</u>	_____ 1/4 _____ 1/4 Sec <u>43</u> Twn <u>3N</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town	<u>(60) 446-5259</u>	<u>2</u> Miles <u>W-SW</u> of <u>Gloster</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other: Rig Supply</u>	Date well drilling started: <u>4-12-2008</u> Date well drilling completed: <u>4-12-2008</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>45</u> feet above <u>or below</u> (circle one) land surface Date measured: <u>4-12-2008</u>		
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>140'</u> Well depth: <u>140'</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): <u>Cement</u> Bentonite Mix	Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>.020</u> inches Setting depth: From <u>120</u> feet to <u>140</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.		
<u>RAYBORN DRILLING, INC.</u>	<u>0-60</u>	Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No.			

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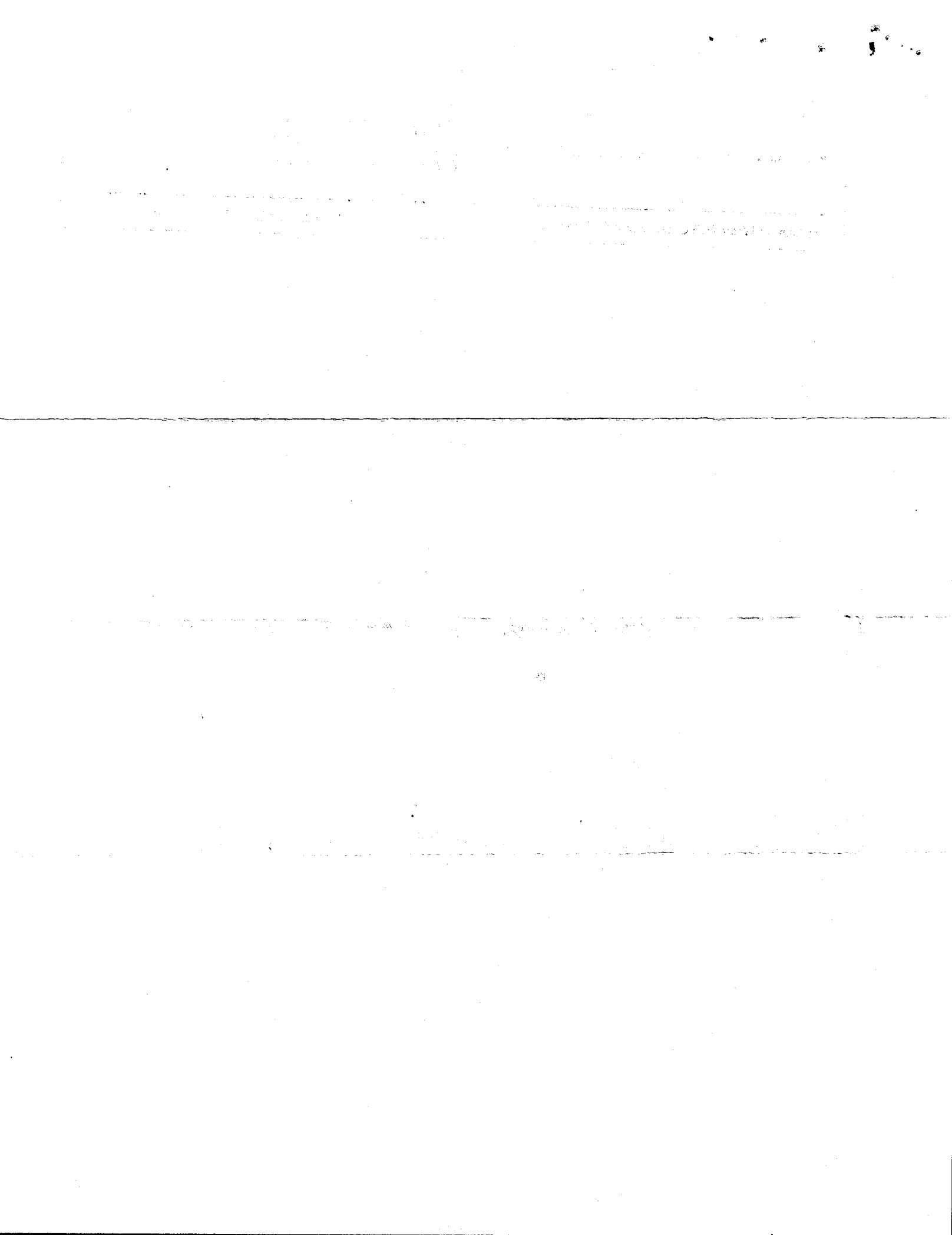
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STATE WELL REPORT

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-59

Elevation: _____

County: Amite

Permit #: _____

Driller: Gary Rayborn

Date completed: 4-12-08

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>Energy Drilling, Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Natchez MS 39121</u>	_____ 1/4 _____ 1/4 Sec. <u>43</u> Twn <u>3N</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 446-5259</u>	<u>2</u> Miles <u>W-SW</u> <u>Gloster</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>4-12-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-12-08</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>45</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>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</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

RECEIVED
MAY 12 2008
BY: OLWR