County: Amite Permit #: Driller: Gary Rayborn Date drilling completed: 1229 15	STATE WELL REPORT Part 1 Driller's Log Mississippi Department of Environmental Quali Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210	
	(601)36	0-0535 (fax)
State Law requires that this report Department at the above address v	be prepared by the lice within 30 days of comple	nse holder responsible for etion of drilling of the well
Well Owner Information		Well or Bor

For Office Use Only: Well #:
Aquifer:
E-Log #:

•)200-0222 (Iax)
State Law requires that this report be prepared by the l Department at the above address within 30 days of con	license holder responsible for the work and filed with the appletion 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°5′47″N Longitude: 91°20″W
Owner Name: Mantin Regal	Method of Lat/Long (check one): Conventional Survey,
Mailing Address:	USGS quad, Hand-held GPS, Survey-grade GPS
2878 Hwy 33/24	30
Centreville MS 39631	12 1/2 1/2 1/2 Sec 35 T2N R2E
Centreville M5 39631 City State Zip Code	.6 Miles N of Centreville
Telephone No. (601) 645-6361	(Distance) (Direction) (Nearest Town)
	orehole Data
Date drilling started: 12/29/15 Date drilling completed:	12/29/15 Hole depth: 170' Hole diameter: 4'1
Location of the source of any surface water used for drilli	
Method of dosing and volume of Chlorine used in drilling a	
Logs run (circle all applicable): No log run Electric Gamı	na Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one) (Water Well) Geotechn	ical/Geological Investigation Ground Source Heat Pump
•	(describe)
If drilling is not related to water well o	onstruction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial	
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 25 feet [above or below (circle one)	
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
	feet Type of grout (circle one): (leat Cement) Bentonite Mix
Casing length: 150 feet Casing diameter:	^ / ~ 1
	$\frac{\checkmark}{}$ inches Type of screen: $\frac{\cancel{P}\cancel{\lor}}{}$
Screen slot size: . O O inches Setting depti	n: From 150 feet to 170 feet
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development
Other (describe):	JAN Q
Top of lap pipe or reduction in casing:feet	JAN &

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

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

County:		For Office Use Only:			
The sketch below only required for water wells	Description of	of formations en	countered n	nust be provide	d for all well:
If well telescopes, show depths on sketch.	una porenote	s, unless specific	catty exemp	tea by regulation	ons .
Ground Level		Formations Encou	intered	From (depth)	To (depth)
	Real			Ground level	40
		ayaçav		40	100
	I - (•	raver/son	5 theoret		120
	Cooke	Sand		120	170
		·			
	<u> </u>				
j					· · · · · · · · · · · · · · · · · · ·
If more than one screen, show location of each on sketch				<u></u>	
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a 3) any roads, power lines, or other items that may aid in 4) north arrow 70 Gloster	id in locating the w	vell erty and the well		N	1
9) - 1					
	thuy	48	- To	Liberty	
Centreville	()* ((•		1	
Lower Centry	wille Rd				
andowner Name: _ Martin Regal					
HEREBY CERTIFY that the well/borehole was drilled, or equirements of the Mississippi Department of Environmapplicable, and state laws.	constructed, and nental Quality an	completed in ac d the Mississipp	cordance v i Departme	vith all applica nt of Health re	ble gulations,
Rayborn Drilling Inc. 0-60	1/5/16		Å		
int Name of Responsible Licensee and License No.	Date		Signature o	f Licensee	
		 		Form: OLWR-SV	VD-1A /4/12

STATE WELL REPORT

County: Assite

Date completed: 12

Driller: Gary Rayborn

Permit #:

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

	fice Use Only:	-
Aquifer:		

Copy information from block on Part (601) 360-0535 (fax) 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 Location Well Owner Information $N_{Longitude}$: 91Owner Name: Mantin Method of Lat/Long (check one): Conventional Survey___ Mailing Address: USGS quad_____, Hand-held GPS____, Survey-grade GPS_ 2878 HWV 39631 (Direction) (Distance) Telephone No. 601) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ______ Rated Pump Capacity: 20 Gallons Per Minute Date Pump Installed: _ Is This Pump (circle one): (New) Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): feet Number of Stages: Setting Depth: __ Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): _____ hours Date Well Tested: ___ Pumping Water Level (B): _____ Feet Below Land Surface Static Water Level (A): 25 Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Feet Below Land Surface Drawdown [(B) - (A)]: ___ Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____feet. feet after _____hours of pumping ____GPM with a drawdown of Well yielded __ Meter Installation Meter Manufacturer: ______ Meter Serial Number: _____ Type of Meter:_____ Meter Model Number/Name: _____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____ Meter installed by: _ Installation Date: __ Is This Meter (circle one): New Repaired Replacement 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 knowleds	зе.
THERE I CENTER I SHOW I	

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

Date

Signature of Pump In

Form: ONR-SWR-1B (4/13)