

Anderson 17-H-1

# 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 #: T77  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: GARY RAYBORN  
Date drilling completed: 12-2-11

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>Signal, LLC (for Encara)</u>	Latitude: <u>31° 03' 05"</u> Longitude: <u>90° 43' 55"</u>
Mailing Address: <u>Yo Ricky McDonald</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 416</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mindenhall, MS 39114</u>	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>17</u> Twn <u>1N</u> Rng <u>5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 278-1811</u>	<u>3</u> Miles <u>NW</u> of <u>Gillsburg</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply

Date well drilling started: 12-2-11 Date well drilling completed: 12-2-2011

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 81 feet above or below (circle one) land surface Date measured: 12-2-11

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 135' Well depth: 135' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 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 125 feet to 135 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, 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.

**RAYBORN DRILLING, INC.**

0-60

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED

DEC 14 2011

BY: OLWR

**ВЪВЕДЕНИЕ ДВИГАТЕЛЪТ**

Въведение двигателята е първата глава на учебника, в която се дава обща информация за двигателя, неговите части и принцип на действие. Тази глава е предназначена за студентите, които са новобранци в професията и имат малко или никаква представа за двигателя.

Въвеждайки студентите в света на двигателя, тази глава ги подготвя за по-нататъчното изучаване на предмета. Тя съдържа основните понятия, които са необходими за разбирането на работния процес на двигателя. Особено внимание е обърнато на безопасността при работа с двигателя, тъй като това е един от най-важните аспекти на професията.

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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 #: T77  
Elevation: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date completed: 12/2/2011

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>Signal, LLC (for Encana)</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>% Ricky McDonald</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 416</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mindenhall Ms 39114</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>1N</u> Rng <u>5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 278-1811</u>	<u>3</u> Miles <u>NW</u> of <u>Gillsburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>12/2/11</u>	Setting Depth: <u>126'</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>12/2/11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>81</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 of Pump Installer

RECEIVED

DEC 14 2011

BY: OLWR



