•				
	STATE	WELL REPORT		
county: Amite	Part 1		For Office Use Only:	
Permit #:	Driller's Log		Well #: U 122	
Driller: Gary Rayborn	Mississippi Departi Office of La	ment of Environmental Quality and and Water Resources	Aquifer:	
Date drilling completed: 224114	•	P.O. Box 2309 on, MS 39225-2309	E-Log #:	
Date driving completed.	j (601)961-5210 ¹		
	•	1)360-0535 (fax)	• · · · · · · · · · · · · · · · · · · ·	
State Law requires that this report Department at the above address w	be prepared by the	license holder responsible for the moletion of drilling of the well (he work and filed with the or horehole.	
Well Owner Informat	ion	Well or Bore	hole Location	
(Landowner if borehole is not for	a water well)	Latitude: 31° 05' 06.71" Lon	gitude: 90°37′54,51′W	
Owner Name: Ronnie Sn	nith	Method of Lat/Long (check one): Conventional Survey	
Mailing Address: P.O. Box	654			
		USGS quad, Hand-held G		
McComb MS City State	39649	i i	NW 14 NW 14, Sec 5 T IN RGE	
		5.6 Miles NNE o	6,11s burg	
Telephone No. (601) 249 - 6	451	(Distance) (Direction)	(Nearest Town)	
Date drilling started: 23 4 Date drilling completed: 224 13 Hole depth: 180' Hole diameter: 4" Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development:				
	_		n Other:	
Name of organization running log(s):			Course Heat Dump	
Purpose of borehole (circle one):(Water		ical/Geological Investigation	Ground Source Heat Pump	
	,	(describe)		
	<u> </u>	onstruction, skip the remainder		
Purpose of Well (circle all applicable):	Home Industrial	Public Supply Irrigation	Fish Culture	
Other (describe):		1		
If a flowing well, method of flow regul			1	
Static Water Level: 45 fee	t [above or below (circle one)	land surface Date measured	1: 2-24-14	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: 180 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 160 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 160 feet to	, 180 feet	
Type of completion (circle all applicab	le) Gravel packed	Underreamed Open hole	Natural Development	

_feet

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

Other (describe):_____

Top of lap pipe or reduction in casing: __

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

County: Amit	2		For Office Use	Only:
Permit #:			Well #: 0 122	-
The sketch below only re	guired for water wells	Description of formations end and boreholes, unless specific	countered must be provide	ed for all wells
If well telescopes, show d	lepths on sketch.			10713
Ground Level		Description of Formations Encou	Intered From (depth) Ground level	To (depth)
<u> </u>		CHalk		35
		Chalk	35	135
		Medium Sand		160
		Coarse Sand	160	180
				<u> </u>
If more than one screen, show	v location of each on sketch		· · · · · · · · · · · · · · · · · · ·	
Sketch the property layout and 1) the well location 2) any permanent structur 3) any roads, power lines, 4) north arrow	res on the property that may aid or other items that may aid in	d in locating the well locating the property and the well pilos	rims Rest Rd	
	Hwy 43 611	lsburg		
andowner Name:				
HEREBY CERTIFY that the vequirements of the Mississi applicable, and state laws	oui department of Environm	onstructed, and completed in a ental Quality and the Mississipp	ccordance with all applic in Department of Health i	cable regulations,
RAYBORN DRILLI	O † U	3/20/14	2	•
rint Name of Responsible L	icensee and License No.	Date	Signature of Licensee	
			Form: OLWR-	SWR-1A (4/13)

STATE WELL REPORT

County: Amile Permit #: Driller: Gay Rayborn Date completed: 2 24 14 Copy information from block on Part 1

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210 (601) 360-0535 (fax)

For	Offic	e Use Only:	
		122	
Aquifer:			

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 Owner Information

Owner Name: Ronnie Snith

Latitude: 3i 05 05 10,71 Longitude: 90 37 54.51"

	Mailing Address: 1.0:00 Method of Lat/Long (check one): Conventional Survey,						
	USGS quad, Hand-held GPS, Survey-grade GPS						
ı	Telephone No. (601) 249 - 6451						
İ	Pump Type (circle one)						
4	Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):						
	Date Pump Installed: 2242014 Rated Pump Capacity: 60 Gallons Per Minute						
١	Is This Pump (circle one): New Repaired Replacement						
	Power Type (circle one)						
9	Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):						
I	Horse Power Rating of Motor: 5 Setting Depth: 105 feet Number of Stages: 13						
	Pump Test Data for Non Flowing Well						
	Date Well Tested: 2-24-2014 Duration of Pump Test (minimum 4 hours): hours						
	Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface						
	Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute						
	Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):						
	Pump Test Data for Flowing Well						
i	Measured shut in head:feet.						
Ì	Well yieldedGPM with a drawdown of feet afterhours of pumping						
	Meter Installation						
	Meter Manufacturer: Meter Serial Number:						
	Meter Model Number/Name: Type of Meter:						
	Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):						
	Installation Date: Meter installed by:						
	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 knowledge.

RAYBORN DRILLING INC. 0-60 3 2014

Date

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

Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)