County: Claiborne

Permit #:

Driller: Gary Rayborn

Date drilling completed: 9/3/09

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 #: D 24

L. S. Elevation:

E-log #:

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

Owner Name: Webb Mason

Mailing Address: 2084 Moulder Rd

Hermanville MS 39086

City State Zip Code

Telephone No. (601) 634-3379

Well Location

Latitude: 32° 07' 17" Longitude: 90° 49' 00"

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NW ¼ Sec 21 Twn 13N Rng 4E

Distance 1.5 Miles Direction N of Nearest Town Rocky Springs

Well Data

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

Date well drilling started: 9/2/09 Date well drilling completed: 9/3/09

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 9-3-09

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

Hole depth: 245 Well depth: 245 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 225 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 225 feet to 245 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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D 24

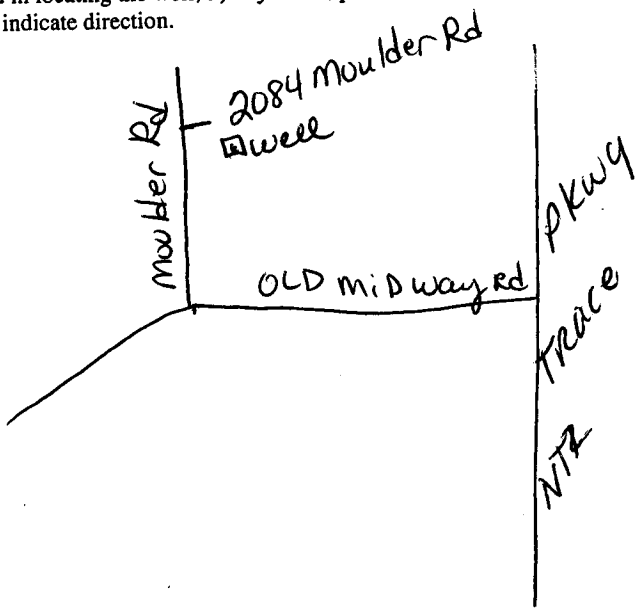
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CHALK	0	20
Pea Gravel	20	23
CHALK	23	120
Hard Chalk w/Limestone Stk	120	205
SAND	205	245

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: _____

Signature of Water Well Contractor

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BY: OLWR

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)

County: Clairborne
Permit #:
Driller: Gary Rayborne
Date completed: 9/3/09

For Office Use Only:
Aquifer:
Well #: D 24
Elevation:

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

Owner Name: Webb Mason
Mailing Address: 2084 Moulder Rd
Hermanville MS 39086
City State Zip Code
Telephone No. (601) 634-3379

Well Location

Latitude: 32-07-17 Longitude: 90-49-00
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ NW ¼ Sec 21 Twn 13N Rng 4E
Distance 1.5 Miles Direction N of Nearest Town Rocky Springs

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 9-3-09
Rated Pump Capacity: 25 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1.5
Setting Depth: 100 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: 9-3-09
Static Water Level (A): 60 Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: 25 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line, (Electric Measuring Line), Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded 25 GPM with a drawdown of
feet after hours of pumping

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
OCT 02 2009
BY: OLWR