State W	ell Report			
P	art 1			
Mississippi Departmen	t of Environmental Quality nd Water Resources Well #: <u>L-89</u>			
P.O. Box 10031				
	IS 39289-0631 L. S. Elevation:			
	961-5210 4-6938 (fax) 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	Well Location			
Owner Name Bell Construction	Latitude:°' Longitude:°'			
Mailing Address: P, O, Box 49	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Pattison MS 39144	14 14 Sec. 27 Twn 1/1 Rng 20			
City State Zip Code				
Telephone No. (601) 437 - 4224	Distance Direction Nearest Town Miles ofOrt G, bSon			
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 3-11-08 Date well drilling completed: 3-12-08				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: Well depth: Well grouted to a depth of feet				
Ture of grout (gircle one): Cement Bentonite Mix				
Casing length: <u>80</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>• 010</u> inches Setting depth: From <u>80</u> feet to <u>100</u> 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				
I certify that the well was drilled, constructed, and completed in accordance with an applicable requirements of the transmission pro- Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Department of Environmental Quanty and of the framework of the				
Rayborn Drilling Inc. 0-	60			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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From

Uncountered

To

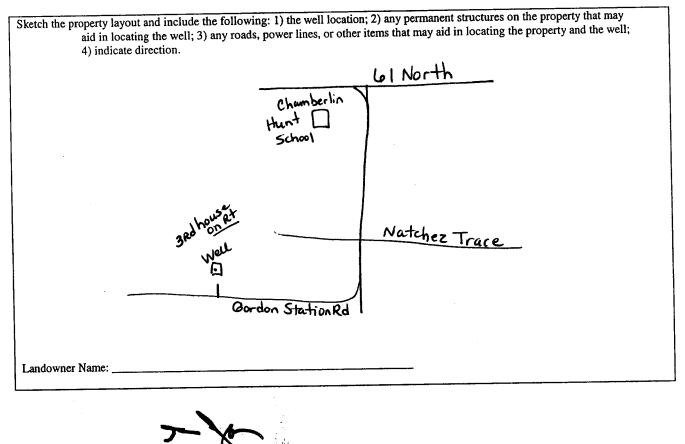
If well telescopes please sketch below and show depths.

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Bround Level	Description of Portifications Encountered		
	Clay	0	40
	Medium Sand	40	100

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

Signature of Water Well Contractor



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<b>STATE WELL REPORT</b>			
County: <u>Claiborne</u> Permit #: <u>Claiborne</u> Permit #: <u>Cary Rayborn</u> Driller: <u>Cary Rayborn</u> Date completed: <u>3-12-08</u> Pump Installer's Mississippi Departmen Office of Land a P.O. E Jackson, M (601) (601)350	For Office Use Only:         Completion Report         to of Environmental Quality         nd Water Resources         tox 10631         US 39289-0631         961-5210         4-6938 (fax)		
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: Bell Construction	Well Location         Latitude:         Longitude:		
Mailing Address: <u>P.O.Box</u> 49 <u>Pathison MS 39144</u> <u>City State Zip Code</u> Telephone No. ( <u>601)</u> 427 - 4224	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1414 SecTwnRng Distance Direction Nearest Town Milesof Port Gibson		
Pump Type Circle one	Power Type Circle one		
Air Lift Jet Submersible?	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal     Rotary     Flowing Well       Other (specify):	Windmill   Other (specify):     Horse Power Rating of Motor:		
Date Pump Installed: $3 - 12 - 08$ Rated Pump Capacity: $10$ Gallons Per Minute	Setting Depth:feet Number of Stages:) 4		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:       3 - 12 - 08         Static Water Level (A):       Feet Below Land Surface         Pumping Water Level (B):       Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute	For flowing well, measured shut in head:feet Well yielded I OGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. <u>Cary Rayborn</u> O-60 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			

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