

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 #: M140
L. S. Elevation: _____
E-log #: _____

County: Claiborne
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 3/4/13

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>David Doyle</u> | Latitude: <u>31° 53' 51"</u> Longitude: <u>90° 53' 38"</u> <u>Google Earth</u> |
| Mailing Address: <u>8020 Hwy 547</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Port Gibson MS 39150</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1R</u> ¼ <u>NE</u> ¼ Sec <u>34</u> Twn <u>11N</u> Rng <u>3E</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>1.4</u> Miles <u>NW</u> of <u>Pattison</u> |

Well Data

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

Date well drilling started: 2-5-13 Date well drilling completed: 3-4-13

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 2-8-13

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

Hole depth: 115' Well depth: 115' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 85 feet to 115 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

J. Rayborn RECEIVED

MAR 11 2013

BY: OLWR

RAYBORN DRILLING INC.

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 #: MA0
 Elevation: _____

County: Clai borne
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 3-4-13

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>David Doyle</u> | Latitude: <u>31°53'51"</u> Longitude: <u>90°53'38"</u> <i>Google Earth</i> |
| Mailing Address: _____ <u>8020 Hwy 547</u> <u>Port Gibson MS 39150</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1R</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>34</u> Twn <u>11N</u> Rng <u>3E</u> Distance Direction Nearest Town <u>1.4</u> Miles <u>NW</u> of <u>Pattison</u> |
| Telephone No. (____) _____ | |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): <u>Solar</u> |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1-HP</u> |
| Date Pump Installed: <u>2-26-13</u> | Setting Depth: <u>75'</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>3-4-13</u> | <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>45</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>5</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>5</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

RAYBORN DRILLING, INC. 0-60 J. Rayborn RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MAR 11 2013
 BY: OLWR