

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 #: N-49
L. S. Elevation: _____
E-log #: _____

County: Claiborne
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 3-15-08

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>Robert Wessler</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>1118 Broad Ave</u> <u>Gulfport MS 39501</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 573-1006</u>	_____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>11N</u> Rng <u>4E</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>Hermanville</u>

Well Data

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

Date well drilling started: 3/15/08 Date well drilling completed: 3/15/08

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 3/15/08

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

Hole depth: 260' Well depth: 260' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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 240 feet to 260 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]
Signature of Water Well Contractor

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APR 09 2008
BY: OLWR

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

1. Introduction
2. Experimental
3. Results
4. Discussion
5. Conclusion
6. Acknowledgments
7. References

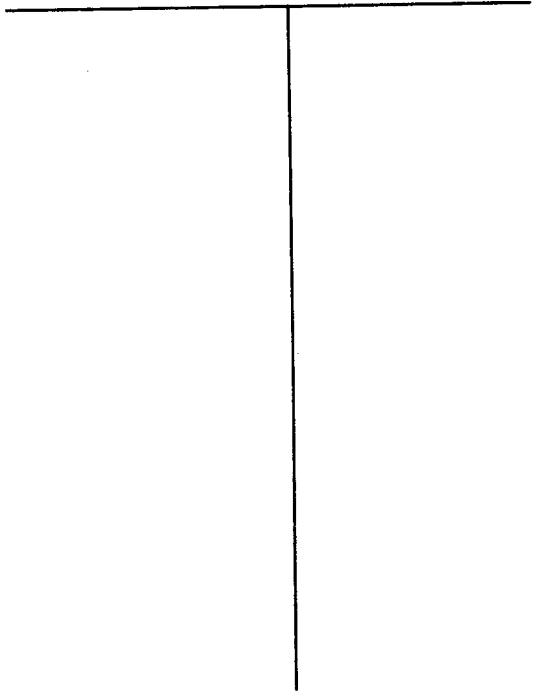
Received: 1999-01-15
Revised: 1999-02-15
Accepted: 1999-03-15

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10.1021/xxxxx

N-49

If well telescopes please sketch below and show depths.

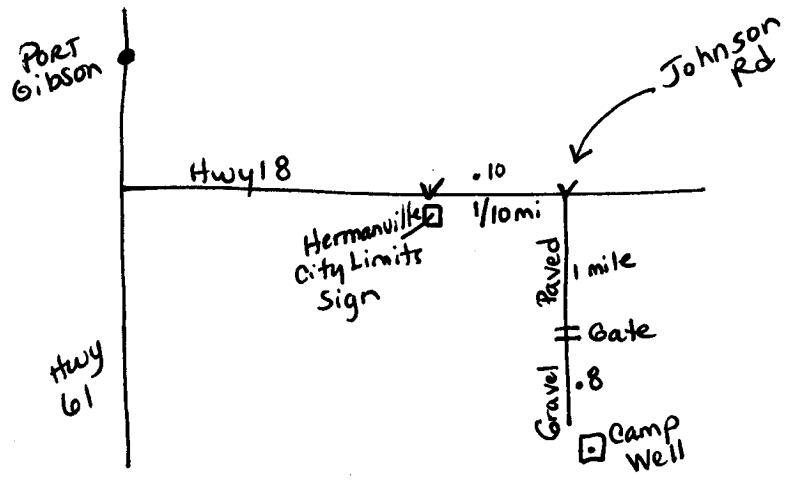
Ground Level




Description of Formations Encountered	From	To
Clay	0	35
Silt	35	55
HARD CHALK & LIMESTONE STREAKS	55	235
MEDIUM SAND	235	260

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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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:

County: Claiborne
Permit #: _____
Driller: Gary Rayborn
Date completed: _____

Aquifer: _____
Well #: N-49
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	Well Location
Owner Name: <u>Robert Wessler</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>1118 Broad Ave</u> <u>Gulfport MS 39501</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 573-1006</u>	_____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>11N</u> Rng <u>4E</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>Hermanville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1-HP</u>
Date Pump Installed: <u>3/16/08</u>	Setting Depth: <u>260'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-16-08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): _____ 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>10</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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.

Gary Rayborn 0-60
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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