

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 #: J-89
L. S. Elevation: _____
E-log #: _____

County: Copiah
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 3-5-08

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>Eddie McCormick</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Crystal Springs MS</u> City State Zip Code | 1/4 1/4 Sec <u>1</u> Twn <u>11N</u> Rng <u>2W</u> |
| Telephone No. <u>(601) 259-5555</u> | Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>Crystal Springs</u> |
| Well Data | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>3-5-08</u> Date well drilling completed: <u>3-5-08</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>42</u> feet above or below (circle one) land surface Date measured: <u>3-5-08</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | |
| Hole depth: <u>100'</u> Well depth: <u>100'</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> 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>.020</u> inches Setting depth: From <u>80</u> feet to <u>100</u> feet | |
| Type of completion (circle all applicable) <u>Gravel packed</u> 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): <u>No log run</u> 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. | |
| <u>Rayborn Drilling, Inc. 0-60</u> Print Name of Water Well Contractor and License No. |  Signature of Water Well Contractor |

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Page: _____
Date: _____
Time: _____

Department of Transportation
Federal Motor Vehicle Safety
TEST PROCEDURE
16CFR 1203.104, subsection
d(1)(i)(1)(C)
16CFR 1203.104(d)(1)(i)(1)(C)

Vehicle ID: _____
Make: _____
Model: _____
Year: _____

1. The purpose of this test is to determine the effect of the vehicle's weight distribution on the stability of the vehicle during a maneuver. The test is performed by driving the vehicle at a constant speed of 30 mph on a flat, dry road surface. The driver is instructed to maintain a steady steering input of 10 degrees to the right. The vehicle's lateral acceleration is measured using an accelerometer mounted on the vehicle's chassis. The test is repeated three times, and the average lateral acceleration is calculated. The results of the test are compared to the manufacturer's specifications for lateral acceleration. The test is considered successful if the average lateral acceleration is within the manufacturer's specifications.

2. The test is performed by driving the vehicle at a constant speed of 30 mph on a flat, dry road surface. The driver is instructed to maintain a steady steering input of 10 degrees to the right. The vehicle's lateral acceleration is measured using an accelerometer mounted on the vehicle's chassis. The test is repeated three times, and the average lateral acceleration is calculated. The results of the test are compared to the manufacturer's specifications for lateral acceleration. The test is considered successful if the average lateral acceleration is within the manufacturer's specifications.

3. The test is performed by driving the vehicle at a constant speed of 30 mph on a flat, dry road surface. The driver is instructed to maintain a steady steering input of 10 degrees to the right. The vehicle's lateral acceleration is measured using an accelerometer mounted on the vehicle's chassis. The test is repeated three times, and the average lateral acceleration is calculated. The results of the test are compared to the manufacturer's specifications for lateral acceleration. The test is considered successful if the average lateral acceleration is within the manufacturer's specifications.

4. The test is performed by driving the vehicle at a constant speed of 30 mph on a flat, dry road surface. The driver is instructed to maintain a steady steering input of 10 degrees to the right. The vehicle's lateral acceleration is measured using an accelerometer mounted on the vehicle's chassis. The test is repeated three times, and the average lateral acceleration is calculated. The results of the test are compared to the manufacturer's specifications for lateral acceleration. The test is considered successful if the average lateral acceleration is within the manufacturer's specifications.

J-89

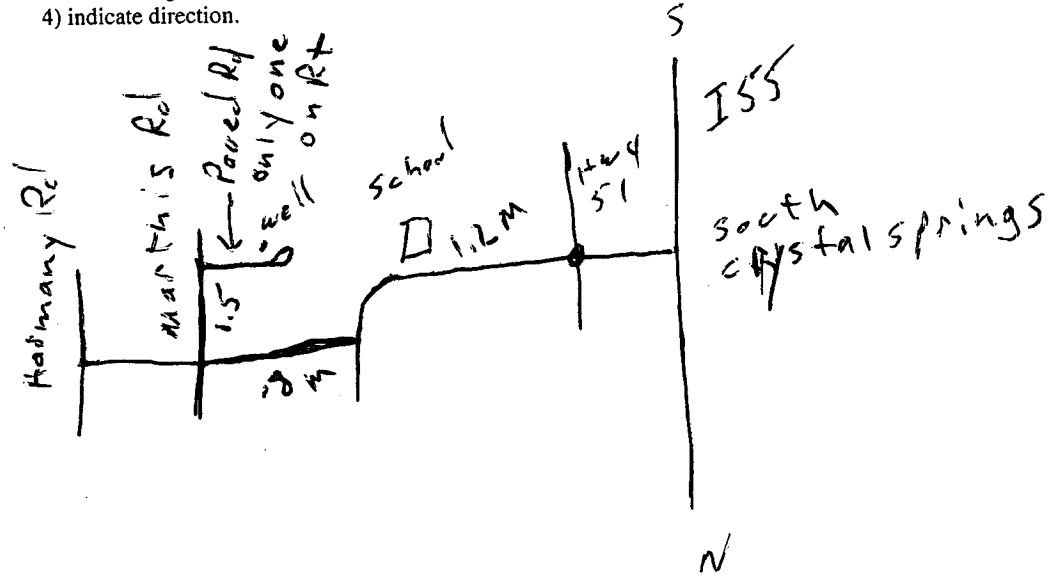
If well telescopes please sketch below and show depths.

Ground Level

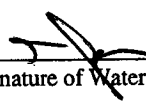
| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Red Clay Gravel | 0 | 10 |
| Fine Red Sand | 10 | 60 |
| Medium Red Sand | 60 | 100 |
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If more than one screen, show location of each on sketch

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
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For Office Use Only:

Aquifer: _____

Well #: J-89

Elevation: _____

County: Copiah
Permit #: _____
Driller: Gary Rayborn
Date completed: 3-5-08

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>Eddie McCormick</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Crystal Spg MS 3</u> City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>1</u> Twn 11A Rng <u>2W</u> |
| Telephone No. <u>(601) 259-5555</u> | Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Crystal Springs</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 Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3 HP</u> |
| Date Pump Installed: <u>3-6-08</u> | Setting Depth: <u>84</u> feet |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>3-6-08</u> | Air Line <u>Electric Measuring Line</u> 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>75</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>75</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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