County: <u>Copiah</u> Permit #: Driller: <u>Gay Rayborn</u> Date drilling completed: <u>32014</u>	STATE WELL REPORT Part 1 Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210	For Office Use Only:           Well #:
	(601)360-0535 (fax)	

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information	Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latitude: 31° 50' 05, 57" Longitude: 90° 22' 55, 52"				
Owner Name: <u>Caro's Poultry Farm</u>	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 6033 James Rd					
	USGS quad, Hand-held GPS, Survey-grade GPS				
Hazlehurst MS 39083 City State Zip Code	<u>SE 4 SE 4, sec 15 TON R 26037E</u> <u>1,8 Miles S of Hazlehurst</u>				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Well / B Date drilling started: 31814 Date drilling completed:	orehole Data $323^{11}$ Hole depth: $325^{11}$ Hole diameter: $325^{11}$				
Location of the source of any surface water used for drillin	ng:				
Method of dosing and volume of Chlorine used in drilling a	nd development:				
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:				
Name of organization running log(s):					
Purpose of borehole (circle one): Water Well Geotechnie	cal/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (	describe)				
If drilling is not related to water well co	onstruction, skip the remainder of this block				
Purpose of Well (circle all applicable): Home Industrial					
Other describe): Chicken Farm					
f a flowing well, method of flow regulation: Valve Other ( <i>describe</i> )					
Static Water Level: <u>35</u> feet [above or below (circle one)	] land surface Date measured: <u>32014</u>				
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):				
Well depth: $\frac{225}{10}$ Well grouted to a depth of: $10$ for	eet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: $305$ feet Casing diameter:	inches Type of casing:				
Screen length: <u>20</u> feet Screen diameter:	4inches Type of screen:PVC				
Screen slot size: <u>6020</u> inches Setting depth:	From <u>305</u> feet to <u>325</u> feet				
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development				
Other (describe):	MA: ***				
Top of lap pipe or reduction in casing:feet					
If telescoped or more than a	one screen, describe on next page				

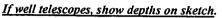
Form: OLWR-SWR-1A (4/13)

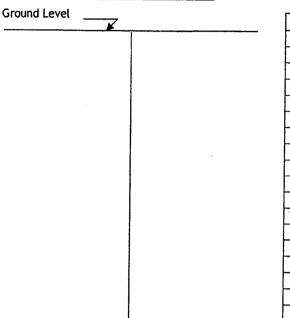
County:	Copian
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Permit #: \_

For Office Use Only: well #: \_\_\_\_\_\_\_3

The sketch below only required for water wells

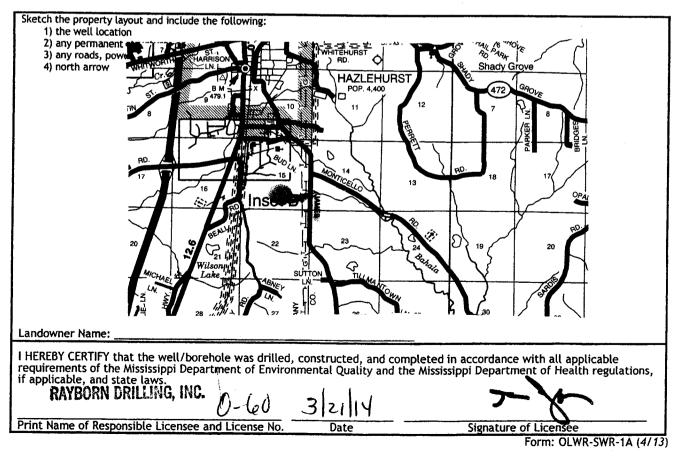




Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Gray Chark.	Ground level	155
Medium Sand	155	170
Chalk	170	260
Fine Sand + Clay strk	260	280
Medium Sand	280	325
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If more than one screen, show location of each on sketch



	STATE WELL REPORT         Permit #:       For Office Use Only:         Permit #:       Pump Installer's Completion Report       Well #:       P G 3         Driller:       Gauge Part 2       Pump Installer's Completion Report       Well #:       P G 3         Date completed:       3 20 14       Jackson, MS 39225-2309       Aquifer:       Aquifer:
	Copy information from block on Part 1       (601)961-5210         (601) 360-0535 (fax)         This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion         Well Owner Information       31° 50 ' 05,57''         Owner Name: Ca.vo's Pouttry Farm       Latitude:         Mailing Address:       6033 James Rd         Mailing Address:       May 39083         City       State         Telephone No. ()       Yate         Pump Type (circle one)
	Submersible       Turbine       Air Lift       Centrifugal       Flowing Well       Jet       Piston       Rotary       Other (describe):
	Pump Test Data for Non Flowing Well         Date Well Tested:       3 21114       Duration of Pump Test (minimum 4 hours):
	Measured shut in head:feet.
l	Well yieldedGPM with a drawdown of feet afterhours of pumping Meter Installation
	Meter Installation Meter Manufacturer: Meter Serial Number:
	Meter Model Number/Name: Type of Meter:
	Totalizer Register Unit and Multiplier Factor (AF x -001, gal x 1000, etc):
	Installation Date: Meter installed by:
	Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards
- 1	For agricultural wells, a list of approved meters is on the MDEQ website.
1	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
	RAYBORN DRILLING, INC. 0-60 3/21/14

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