

State Well Report Part 1

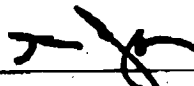
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: U-18
L. S. Elevation: _____
E-log #: U-18

County: Copiah
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 4-19-04

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 Waltman</u>	Latitude: <u>31° 44' 30"</u> Longitude: <u>90° 30' 00"</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>5025 Sylvarena Rd</u>	NE 1/4 NW 1/4 Sec <u>21</u> Twn <u>9N</u> Rng <u>7E</u>		
<u>Wesson, MS 39191</u>	Distance: <u>5</u> Miles	Direction: <u>West</u>	Nearest Town: <u>Wesson</u>
City State Zip Code	of		
Telephone No. () _____			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other: Chicken Farm</u>			
Date well drilling started: <u>4-16-2004</u>		Date well drilling completed: <u>4-19-04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>190'</u> feet above or below (circle one) land surface		Date measured: <u>4-24-04</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>475'</u>	Well depth: <u>470'</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>450</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>.080</u> inches	Setting depth: From <u>450</u> feet to <u>470</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): No log run <u>Electric Gamma Ray</u> Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>DEG</u>			
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.</u>		<u>0-60</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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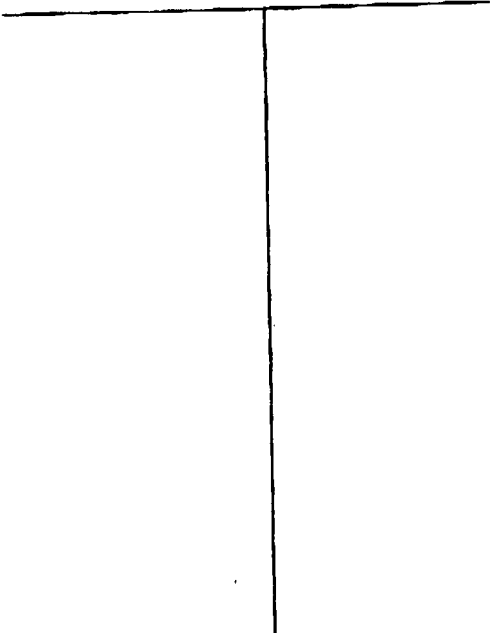
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Copiah Co - PAGE 04

U18

If well telescopes please sketch below and show depths.

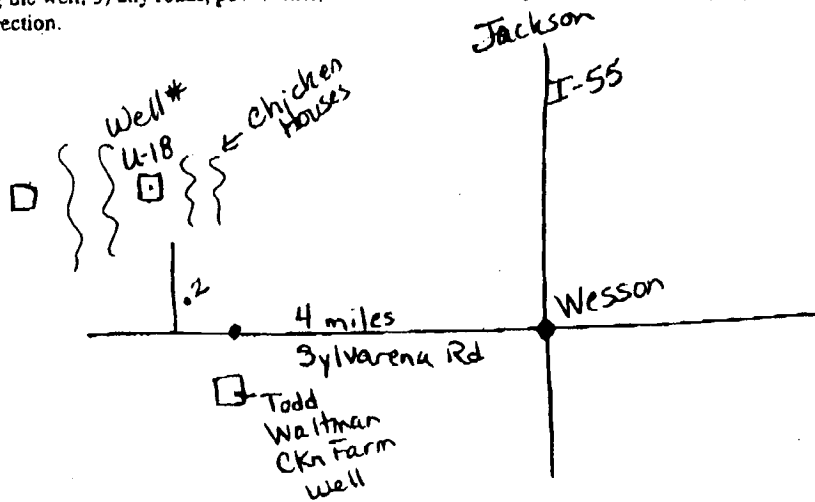
Ground Level



Description of Formations Encountered	From	To
Red Clay Gravel	0	70
Clay	70	130
Silty Clay	130	160
Silty Clay	160	190
Silty Clay	190	205
Clay	205	425
Silty Clay	425	445
Fine Sand	450	470
Clay	470	475

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: Robert Waltman

Signature of Water Well Contractor

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PAGE 03

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 #: U-18
 Elevation: _____

County: Copiah
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 4-19-04

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 Wattman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5025 Sylvarena Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Wesson MS 39191</u>	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>9N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>West</u> of <u>Wesson</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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>5HP</u>
Date Pump Installed: <u>4-24-04</u>	Setting Depth: <u>231'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-24-04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>190</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>45</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>45</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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