·	- State W	ell Report		
County: Forrest	State Well Report           Part 1		For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land a	and Water Resources	Aquifer: Well #:69	
Driller: Gary Rayborn		Box 10631		
Date drilling completed: 10-18-06		48 39289-0631 961-5210	L. S. Elevation:	
Date drilling completed:		4-6938 (fax)	E-log #:	
State Law requires that this rep		driller in detail and filed w	ith the Department within	
30 days of completion of drillin Well Owner Inform		Well	Location	
_				
Owner Name Warren Pan	ng the	Latitude:	_" Longitude:°'	
Mailing Address: 562 Elks	Lake Rd	Method of Lat/Long (circle or	ne): Conventional Survey,	
			OD0 0	
		• •	GPS, Survey-grade GPS	
Hattiesburg, MS 39401 City State Zip Code		1/4 1/4 Sec_ 34		
		Distance Direction	Nearest Town	
Telephone No. (601) 544 - 781		Distance Direction Nearest Town 		
	Well	Data		
Purpose of Well (circle one Home In	dustrial Public Supply	Irrigation Fish Culture	Other:	
Date well drilling started: 10-18-	Date Date	well drilling completed:	10-18-06	
If flowing, method of flow regulation: V	alve Other (	describe)		
If nowing, memory of now regulation.			10110 000/	
Static Water Level:feet a	above or below (circle one)	land surface Date measured:	10118-2006	
Method of Measurement (circle one)			· · · · · · · · · · · · · · · · · · ·	
Hole depth: <u>175'</u> Well d	epth:	_ Well grouted to a depth of _	<u>10</u> feet	
Type of grout (circle one): Cement	Bentonite Mix			
	- St		Pur	
Casing length: 155 feet Cas	sing diameter:	inches Type of casing:		
Screen length: <u>20</u> feet Scr	reen diameter: 4	inches Type of screen:	PVC	
Screen slot size:OIOinches	Setting depth: From	155 feet to	feet	
Screen slot síze:OIOinches				
	Gravel packed Unde	rreamed Telescoped Open	hole Natural Development	
Screen slot síze:OIOinches	Gravel packed Unde		hole Natural Development	
Screen slot síze:OIOinches	Gravel packed Unde Other (describe):	rreamed Telescoped Open	hole Natural Development	
Screen slot size:OOOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing:	Gravel packed Unde Other (describe):feet If t	elescoped or more than one scr	hole Natural Development	
Screen slot size:OOOinches	Gravel packed Unde Other (describe):feet If t	elescoped or more than one scr	hole Natural Development	
Screen slot size:OIOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log r	Gravel packed Unde Other (describe): feet If t un Electric Gamma Ray	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron	hole Natural Development reen, describe on back of page Other:	
Screen slot size:OIOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log r	Gravel packed Unde Other (describe): feet If t un Electric Gamma Ray	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron	hole Natural Development reen, describe on back of page Other:	
Screen slot size:OIOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log r	Gravel packed Unde Other (describe): feet If t un Electric Gamma Ray tructed, and completed in	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron accordance with all applicable	hole Natural Development reen, describe on back of page Other: requirements of the Mississippi	
Screen slot size:OIOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log r Name of organization running log(s): I certify that the well was drilled, cons	Gravel packed Unde Other (describe):	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron accordance with all applicable partment of Health regulations	hole Natural Development reen, describe on back of page Other: requirements of the Mississippi	
Screen slot size:OIOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable): No log r Name of organization running log(s): I certify that the well was drilled, cons	Gravel packed Unde Other (describe): feet If t un Electric Gamma Ray tructed, and completed in	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron accordance with all applicable partment of Health regulations	hole Natural Development reen, describe on back of page Other: requirements of the Mississippi	
Screen slot size: inches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log r Name of organization running log(s): I certify that the well was drilled, const Department of Environmental Quality	Gravel packed Unde Other (describe):	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron accordance with all applicable partment of Health regulations	hole Natural Development reen, describe on back of page Other: requirements of the Mississippi	
Screen slot size:OIOinches Type of completion (circle all applicable Top of lap pipe or reduction in casing: Logs run (circle all applicable). No log r Name of organization running log(s): I certify that the well was drilled, cons Department of Environmental Quality RAYBORN DRILLING, INC.	Gravel packed Unde Other (describe):	rreamed Telescoped Open elescoped or more than one scr y Density Sonic Neutron accordance with all applicable partment of Health regulations	hole Natural Development reen, describe on back of page Other: requirements of the Mississippi s and state laws.	

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BY:	$\bigcirc$	-	W	

If well telescopes please sketch below and show depths.

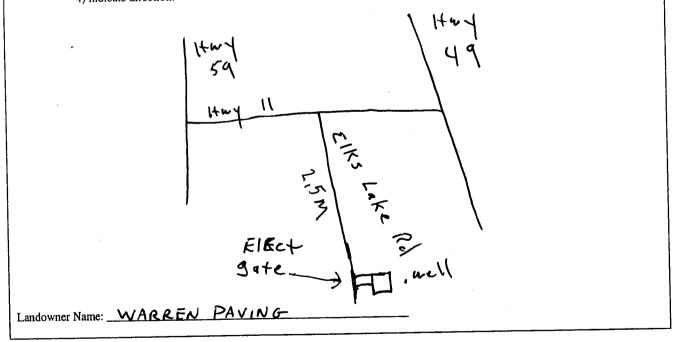
Ground Level

Description of Formations Enc	countered From	To
Red Clay and Sand	Mix 0	110
Fine Sand	/10	120
Medium SAnd	120	150
Pea Gravel	150	175

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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.



Signature of Water Woll Contractor

RECEIVED NOV 2 0 2006 BY: OLWR

		ELL REPORT Part 2		
County: Forrest	Pump Installer's Completion Report		For Office Use Only:	
Permit #:		nt of Environmental Quality and Water Resources	Aquifer:	
Driller: Gary Rayborn	#: Office of Land		Well #: _ F - 69	
Date completed: $10-18-06$		MS 39289-0631 )961-5210		
Date completed:	(601)35	54-6938 (fax)	Elevation:	
This report should be prepared by installation of pump.			ent within 30 days of the ell Location	
Well Owner Infor				
Owner Name: Warren Pa	VING, Inc.		Longitude:	
Mailing Address: 562 Elks Lake Rd		Method of Lat/Long (circle	one): Conventional Survey,	
		USGS quad, Ha	nd-held GPS, Survey-grade GPS	
Hatties burg, MS 39401 City State Zip Code		1414 Sec	34 Twn <u>3N</u> Rng 13	
City Sta	ne Zip Code	Distance Direction		
LAN SHU-M	811		of Hattiesburg	
Telephone No. (601) 544 - 7	0 *1	Miles	or namesoury	
Ритр Туре	3	I	Power Type	
Circle one			Circle one	
Air Lift Jet	Submersible	Diesel Engine Gaso	line Engine Natural G	
Bucket Piston	Turbine	Electric Motor Han	d Tractor PT	
Centrifugal Rotary	Flowing Well	Windmill Othe	er (specify):	
Other (specify):	-		or: <u>5</u>	
		Setting Depth:		
Date Pump Installed:				
Rated Pump Capacity:35	Gallons Per Minute	Number of Stages:	10	
Pump Test D		Method of I	Measuring Water Level	
	_		Circle one	
Date Well Tested: NO TE		Air Line Electric M	leasuring Line Steel Tape	
Static Water Level (A):	Feet Below Land Surface			
Pumping Water Level (B):l	Feet Below Land Surface	Care (opens):		
Drawdown [(B) – (A)]:	Feet Below Land Surface	For flowing well, measured	l shut in head:fe	
Test Pumping Rate:Gallons Per Minute		Well yielded GPM with a drawdown of		
-				
Duration of Pump Test (minimum 4 ho	urs):hours	teet afte	rhours of pump	
I HEREBY CERTIFY that the above s	tatements are true to the best	t of my knowledge.		
$\mathbf{O}$				
I HEREBY CERTIFY that the above s Gay Rayborn Print Name of Pump Installer and Lice				
$\mathbf{O}$			nstaller RECEIV	
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