F 11.		ell Report	For Office Use Only:	
County: Franklin		rt 1 of Environmental Quality	Aquifer: D28	
Permit #:		d Water Resources		
Driller: Gary Rayborn	P.O. Box 10631		Well #:	-
		5 39289-0631 61-5210	L. S. Elevation:	-
Date drilling completed: 3-18-11		-6938 (fax)	E-log #:	
State Law requires that this rep				
30 days of completion of drilling	g of the well.			₁
Well Owner Inform	ation	1	l Location	
Dwner Name Larry Hill 738 Wright Rd N Mailing Address:	E, MCCall Creek	-	_" Longitude: <u>40 •50 ·25</u>	••• -
Mailing Address:			thod of Lat/Long (circle one): Conventional Survey,	
> <u>POBox 70</u>		•	d GPS, Survey-grade GPS	
Bude Me	5 <u>39630</u> ate Zip Code		Twn 7N Rng 4E	-
Telephone No. (401) 384 - 489	38 WK	Distance Direction	of <u>Oventin</u>	_
	Well D	ata		
	dustrial Public Supply		Other:	
Date well drilling started: <u>3-16-</u>	· ·	vell drilling completed:	3-10-11	
If flowing, method of flow regulation: V			3.10.11	
Static Water Level:fect a	above or below (circle one) [and surface Date measured	9-10-11	
Method of Measurement (circle one)	steel tape electric tape	air line other:		
i aa'	1001	Well grouted to a depth of	50 feet	
	$1 \rightarrow 1$ Sc	+ 20' 8" PVGSurfi	ace Pipe-Cemented Z tion to 50' 50' to surface PVC	:0' to surt
Type of grout (circle one): Cement	Bentonite 2) Ben	tonite from torme	tion to 50' Soi to surface	
Casing length: <u>168</u> feet Cas	sing diameter: <u>4</u>	inches Type of casing:	PVC	
	reen diameter: 4	inches Type of screen:	PVC	
Screen slot size: <u>• 010</u> inches				
Type of completion (circle all applicable): (Gravel packed) Under	reamed Telescoped Ope	n hole Natural Development	
	· · · · · · · · · · · · · · · · · · ·	······································		
Top of lap pipe or reduction in casing: _				
Logs run (circle all applicable): No log				
Name of organization running log(s):			_	
I certify that the well was drilled, cons	tructed, and completed in a	ccordance with all applicabl	e requirements of the Mississipp) i
Department of Environmental Quality	and/or the Mississippi Dep	artment of Health regulation	is and state laws.	
RAYBORN DRILLING, INC	0-60		2-10-	
Print Name of Water Well Contractor an	d License No.	Signature	of Water Well Contractor REI	CEIVED
			MAR	3 0 2011
			Th 2_	
			KY?	UNR

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(00)S0-6736 (ta) (00)S0-6736 (ta) (00)S0-6736 (ta) (00)S0-6736 (ta) Well downer Information Well downer Information Owner Name: Larcy Hill Mailing Address: 736 Wr-cht Rd N,E Well downer Information Well downer Information Well downer Information Well Call Cree K. MS 39/0-470 Bod e MS 39/0-30 Circle one Correle one Circle one Distance Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Bucket Piston Turbine Bucket Piston Turbine	STATE WI	ELL REPORT		
Driller: Garu Raybon P.O. Box 10631 Well #	County: Franklin Pump Installer' Parmit #: Office of Land	s Completion Report th of Environmental Quality Aquifer:		
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 Owner Name: Mailing Address: T38 Wright Rd N/E Method of Lat/Long (circle one): Conventional Survey, Well Location Mailing Address: T38 Wright Rd N/E Method of Lat/Long (circle one): Conventional Survey, Distance Distance Distance Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Power Type Circle one Air Lift Jet Pump Type Circle one Air Lift Jet Pump Type Circle one Circle one Air Lift Jet Pump Type <td colsp<="" td=""><td>P.O.I</td><td>Box 10631</td></td>	<td>P.O.I</td> <td>Box 10631</td>	P.O.I	Box 10631	
Installation of pump. Well Owner Information Well Location Owner Name:	Date completed: $3 - 18 - 11$ (601) (601)35	Elevation 1		
Weil Owner Information Owner Name: L ATC Y Hill Mailing Address: 738 Wright Rd N.E. Mailing Address: 739 Wright Rd N.E. Bud e M S 394630 State City State 2ip Code Bud e M S 394630 State City State 2ip Code Pump Type Distance Direction Citcle one Miles M/INE of Air Lift Jet Submersible Bucket Piston Turbine Date Pump Installed: 3 - 2.4 - 11 Rated Pump Capacity: 35 Gallons Per Minute Pump Test Data Method of Measuring Water Level Circle one Air Line Electric Measuring Water Level Number of Stages: 11 Bate Well Tested: 3 - 2.4 - 11 Rated		il and filed with the Department within 30 days of the		
Mailing Address: $\frac{738'}{120}$ $Wright Rd N.E$ Method of Lat/Long (circle one): Conventional Survey, Wailing Address: $\frac{MCCaul Creek Mas 39164'7}{120}$ Method of Lat/Long (circle one): Conventional Survey, Bude Mas 391630 $Urickt Rd N.E$ USGS quad, Hand-held GPS, Survey-grade GPS Bude Master 2ip Code Method of Lat/Long (circle one): Conventional Survey, Telephone No. (GUR) $384' - 4888$ Method of Lat/Long (circle one): Conventional Survey, Visite $394' - 4888$ Distance Direction Pump Type Circle one Miles M/NE of Quention Circle one Submersible Miles M/NE of Quention Bucket Piston Turbine Discel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Discel Circle one Nimmer (specify): Piston Date Pump Installed: $3 - 24 - 11$ Horse Power Rating of Motor: $3 + P$ Static Water Level (A): Gallons Per Minute Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Piston Static Water Level (B): Feet Below La	Well Owner Information	Well Location		
P_{1}	Owner Name: Larry Hill	Latitude: Longitude:		
P_{C}	Mailing Address: 738' Wright Rd N.E.	Method of Lat/Long (circle one): Conventional Survey,		
City State Zip Code Telephone No. ($(0,1)$, $384 - 4888$ Distance Direction Nearest Town $(0 _ Miles, M/NE of _ Qvention_$ Pump Type Circle one Circle one Circle one Distance Distance Bucket Piston Turbine Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify):	> P.O. Box 10			
Distance Direction Nearest Town		<u>1414 Sec1 Twn_7N_Rng_4E</u>		
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	City State Zip Code			
Circle one Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Telephone No. (608) 384 - 4888	_6_Miles N/NE of Quentin		
All Lift Jet GetMataking Image: Comparison of the set of		••		
Centrifugal Rotary Flowing Well Other (specify):	Air Lift Jet Submersible .	Diesel Engine Gasoline Engine Natural Gas		
Other (specify):	Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Date Pump Installed: 3 - 24 - 11 Rated Pump Capacity: 35 Gallons Per Minute Setting Depth: Pump Test Data Method of Measuring Water Level Date Well Tested: 3 - 24 - 11 Date Well Tested: 3 - 24 - 11 Static Water Level (A): Abcyce Feet Bolow Land Surface Air Line Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute GepM with a drawdown of Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Method dege.	Centrifugal Rotary Flowing Well			
Rated Pump Capacity: 35 Gallons Per Minute Number of Stages: 11 Pump Test Data Method of Measuring Water Level Method of Measuring Water Level Date Well Tested: 3 - 24 - 11 Method of Measuring Uater Level Static Water Level (A): 4' Abcive Pumping Water Level (B): Feet Below Land Surface Air Line Electric Measuring Line Steel Tape Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: 35 Gallons Per Minute For flowing well, measured shut in head: feet Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Air Line Method of Measuring Line Air Line				
Pump Test Data Method of Measuring Water Level Date Well Tested: 3 - 24 - 11 Date Well Tested: Above Static Water Level (A): Above Pumping Water Level (B): Feet Bodow Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute For flowing well, measured shut in head: Duration of Pump Test (minimum 4 hours): hours I HEREBY CERTIFY that the above statements are true to the best of my knowledge. GPM with a drawdown of	Date Pump Installed: <u>3 - 2 4 - 11</u>	Setting Depth: 68feet		
Date Well Tested: 3-24-11 Circle one Static Water Level (A): 4' Above Pumping Water Level (B): Feet Bolow Land Surface Air Line Electric Measuring Line Steel Tape Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: 35 Gallons Per Minute GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Air Line Steel Tape	Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages:		
Date Well Tested: 3 - 24 - 11 Static Water Level (A): Above Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute 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. Feet after	Pump Test Data			
Static Water Level (A):	Date Well Tested: 3-24-11			
Pumping Water Level (B):Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Test Pumping Rate:Gallons Per Minute Job for flowing well, measured shut in head:feet Duration of Pump Test (minimum 4 hours):hours feet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Image: Additional context and con				
Test Pumping Rate: 35 Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours feet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. feet afterhours		Outer (specify):		
Duration of Pump Test (minimum 4 hours): hours feet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Test Pumping Rate: <u>35</u> Gallons Per Minute	Well yielded		
	Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
		of my knowledge.		
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	<u>Frint Name of Pump Installer and License No. (if applicable)</u>	Signature of Pump Installer		

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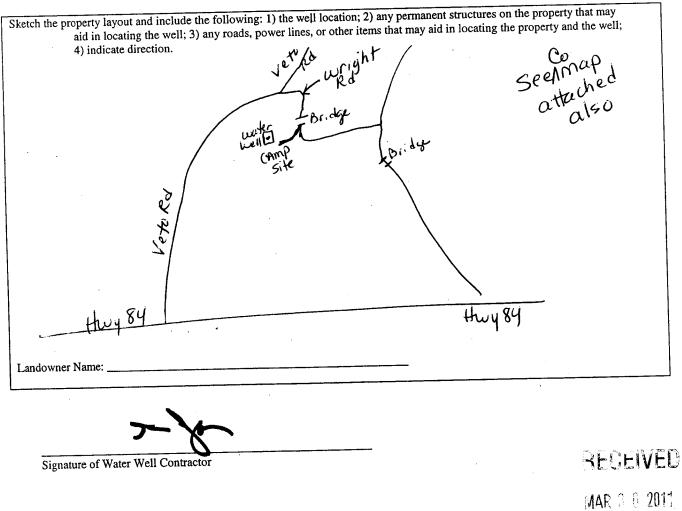
BY: OIWP

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CHALK	0	5
SAND	5	10
HARD CHALK	10	175
Medium SAND	175	188
		-
	·	

If more than one screen, show location of each on sketch



RV NIMP

