

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 #: J69
L. S. Elevation: _____
E-log #: _____

County: Franklin
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 2/10/12

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>Craig Berry</u>	Latitude: <u>31° 30' 06"</u> Longitude: <u>90° 49' 37"</u>
Mailing Address: <u>2625 Daniel Ct</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Marrero, La 70072</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 8 Twn 6N Rng 4E</u>
Telephone No. <u>(504) 650-1446</u>	Distance Direction Nearest Town
	<u>2 Miles W of Edgicston</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2/8/12 Date well drilling completed: 2/10/12

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 150 feet above or below (circle one) land surface Date measured: 2/17/12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 270 Well depth: 266 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 246 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 3 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 246 feet to 266 feet

Type of completion (circle all applicable): Gravel packed 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 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.

RAYBORN DRILLING, INC. 0-60
Print Name of Water Well Contractor and License No.

[Signature] RECEIVED
Signature of Water Well Contractor

FEB 22 2012
BY: OLWR

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The analysis focuses on identifying trends and patterns over time.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in sales volume over the period studied. This is attributed to several factors, including improved marketing strategies and a growing customer base.

The fourth section discusses the challenges faced during the data collection process. One major challenge was the inconsistent quality of the data provided by some sources. This required additional time and resources to verify and clean the data.

Despite these challenges, the overall findings are promising. The data indicates a strong upward trend in the market, which suggests a positive outlook for the future. However, it is important to remain vigilant and continue to monitor the market closely.

The final section of the document provides a summary of the key findings and offers recommendations for future research. It suggests that further studies should be conducted to explore the long-term implications of the current trends.

In conclusion, this document provides a comprehensive overview of the data analysis process. It highlights the importance of rigorous data collection and analysis in making informed business decisions.

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 #: J69
 Elevation: _____

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 2-10-12

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>Craig Berry</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2625 Daniel Ct</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Marzo La 70072</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>6N</u> Rng <u>4E</u>
Telephone No. <u>(504) 650-1446</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>Eddiceton</u>

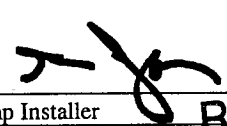
Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1-HP</u>
Date Pump Installed: <u>2/17/12</u>	Setting Depth: <u>250</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-17-12</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>150</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 of Pump Installer



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 BY: OLWR

