	Vell Report Central Part 1	1. mber 12-2
State V	Vell Report Contral	
Touckling	Part 1	For Office Use Only:
Mississippi Departme	nt of Environmental Quality	Aquifer: <u>K 84</u>
Permit #: Office of Land	and Water Resources	Well #:
	Box 10631 MS 39289-0631	L. S. Elevation:
Date drilling completed: $8 2 10$ (601	)961-5210	
(601)3	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.		
Well Owner Information	Well Location $\begin{array}{c} & & \\ & & \\ P_2 N \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\$	
wher Name Energy Drilling	Latitude: <u>31 ° 30 ' 20</u>	Longitude: <u>10 ° 45 ' 119 "</u>
failing Address:	Method of Lat/Long (circle o	ne): Conventional Survey, Truck
P.O. Box 905		
Natchez MS 39121	NW 1/4 NW 1/4 Sec_10	2_Twn <u>GN</u> Rng <u>4E</u>
City State Zip Code City $601$ $446-5259$	Distance Direction	nearest Town
	l Data	
		G Ric Supply
Purpose of Well (circle one) Home Industrial Public Supply		Other:) Rig Supply
Date well drilling started: $8210$ Dat	•	5/2/10
If flowing, method of flow regulation: Valve Other	(describe)	8/2/10
Static Water Level: 34feet above or below (dircle one	e) land surface Date measured	: 8210
Method of Measurement (circle one) steel tape electric ta		
Hole depth: <u>120</u> Well depth: <u>120</u>	Well grouted to a depth of	feet
Type of grout (circle one): Cement Bentonite M	ix	DIC
Casing length: 100 feet Casing diameter: 4	inches Type of casing:	<u> </u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u>	inches Type of screen:	PVC
Screen slot size: <u>1020</u> inches Setting depth: Fror		20 feet
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped Op	en hole Natural Development
	•	
Top of lap pipe or reduction in casing:feet. I	f telescoped or more than one s	creen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma F	ay Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed		le requirements of the Mississippi
I certify that the well was drilled, constructed, and completed	In accordance with an applicable	ne and state laws.
Department of Environmental Quality and/or the Mississippi	Department of Health Fegulatio	ins and state laws.
RAYBORN DRILLING, INC. <u>O-le</u>	<u> </u>	~~~
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor
		TELEVI
		SEP 0 2 201
		الاست ⊥ لا السالات محادة بالاست الا باليسمي
		BY: OL

STATE WE	LL REPORT	
County:FranklinPermit #:Pump Installer'sDriller:Mississippi DepartmenOffice of Land aP.O. EJackson, MDota completed2/10	nd Water Resources	For Office Use Only:        Aquifer:      K 8 4        Well #:
This report should be prepared by the pump installer in detai installation of pump.		
Well Owner Information Owner Name: <u>Energy Drilling</u> Mailing Address: <u>POBOX 905</u> <u>NAtchez MS 39121</u> City State Zip Code Telephone No. (601) 446-5259	Well La Latitude: $3 \int 30 40 \ A2 \%$ L Method of Lat/Long (circle one): USGS quad, Hand-he -14 - 4 Sec $12Distance Direction-38$ Miles $-20$ of $-20$	Conventional Survey, Plu Tru Cle GPB eld GPS, Survey-grade GPS Twn <u>GN</u> Rng <u>4E</u> Nearest Town
Ритр Туре		r Type le one
Circle one Air Lift Jet Submersible	Diesel Engine Gasoline I	
Bucket  Piston  Turbine  (    Centrifugal  Rotary  Flowing Well    Other (specify):	Electric Motor Hand Windmill Other (sp Horse Power Rating of Motor: Setting Depth: Number of Stages:	<u>5 HP</u> 5'feet
Pump Test Data		uring Water Level le one
Date Well Tested: $8210$ Static Water Level (A): $34$ Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface	Air Line Electric Measu Other (specify): For flowing well, measured shut	t in head:feet
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours		GPM with a drawdown ofhours of pumping
I HEREBY CERTIFY that the above statements are true to the best $Gan Ray born O-GO$ Print Name of Pump Installer and License No. (if applicable)	of my knowledge.	
		SEP 0 2 20

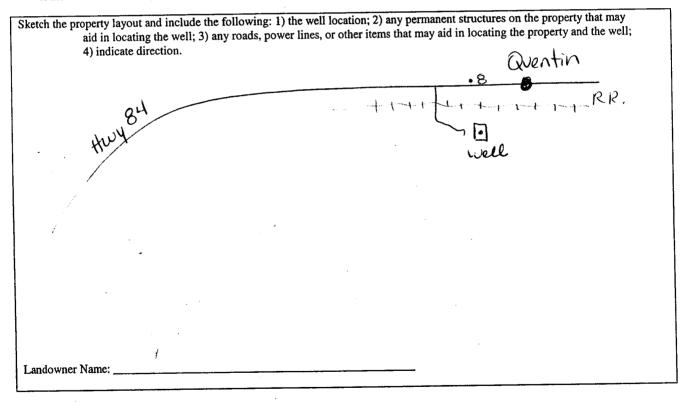
BY:OWR

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Chalk	0	25
Bravel	23	40
CHALK	40	80
COARSE SAND	BU	120
		<u> </u>
		<u> </u>

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



Signature of Water Well Contractor



K84