

Allred #1

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: P150
Well #: 044
L. S. Elevation: _____
E-log #: _____

County: Franklin
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 7-12-09

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>Energy Drilling</u>	Latitude: <u>31° 23' 04"</u> Longitude: <u>90° 38' 49"</u>
Mailing Address: _____ <u>P.O. Box 905</u> <u>Natchez MS 39121</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> ¼ <u>SW</u> ¼ Sec <u>19</u> Twn <u>5N</u> Rng <u>6E</u>
Telephone No. <u>(601) 446-8684</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Smithdale</u>

Well Data

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

Date well drilling started: 7-10-09 Date well drilling completed: 7-12-09

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 7-12-09

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

Hole depth: 360' Well depth: 360' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 340 feet to 360 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 of Water Well Contractor

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If well telescopes please sketch below and show depths.

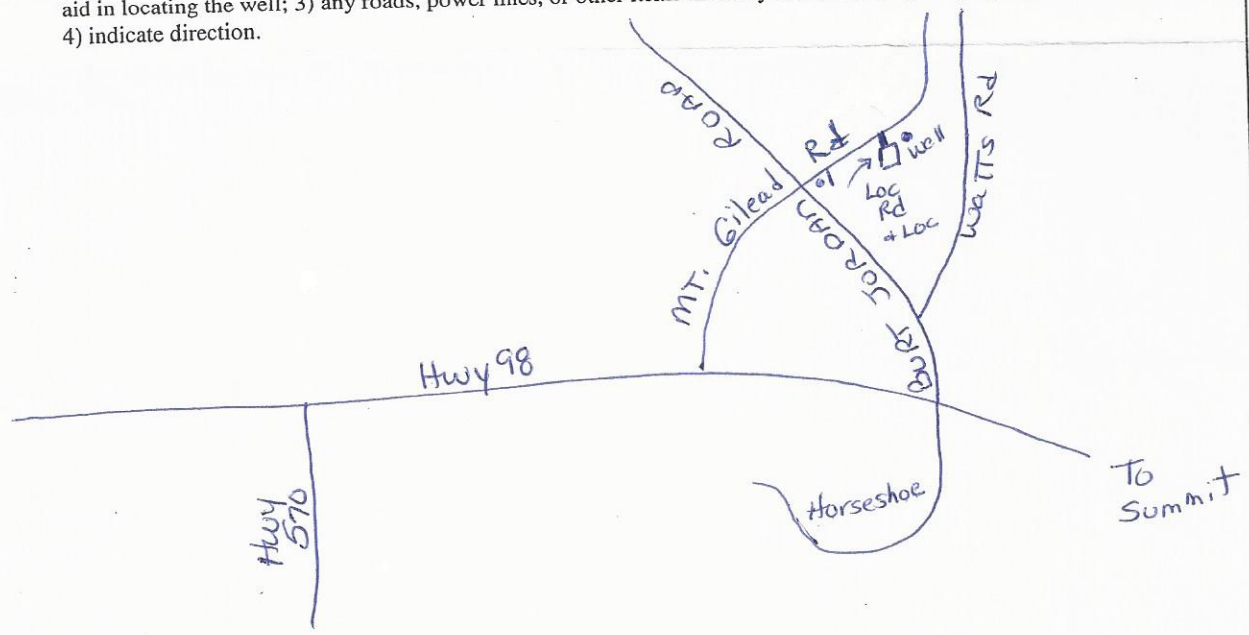
Ground Level

Empty space for sketching well telescopes.

Description of Formations Encountered	From	To
Clay	0	15
Gravel	15	85
Clay	85	210
SAND	210	225
CLAY	225	315
SAND	315	360

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: _____

[Handwritten Signature]

Signature of Water Well Contractor

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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 #: P150
 Elevation: _____

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 7-12-09

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>Energy Drilling</u>	Latitude: <u>31° 23' 04"</u> Longitude: <u>90° 38' 49"</u>
Mailing Address: _____ <u>P.O. Box 905</u> <u>Natchez MS 39121</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>19</u> Twn <u>5N</u> Rng <u>6E</u>
Telephone No. <u>(601) 446-8464</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Smithdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>7-13-09</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-13-09</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>145</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>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</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 of Pump Installer

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