State V	Vell Report	Francisco Marco Marco Ombre		
County: Greene	Part 1	For Office Use Only:		
Micciccinni Denarimei	nt of Environmental Quality	Aquifer:		
	and Water Resources Box 10631	Well #: K 1/6		
	AS 39289-0631	L. S. Elevation:		
	961-5210			
(601)35	4-6938 (fax)	E-log #:		
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 SG Resources MS, LLC	Latitude:'	" Longitude:""		
Mailing Address: 28420 Hardy Toll Rd N.	Method of Lat/Long (circle on			
Suite 125	USGS quad, Hand-held	GPS, Survey-grade GPS		
SPRING TX 77373 1/4 Sec_ 11		$\frac{3N}{2}$ Rng $\frac{7W}{2}$		
Telephone No. ()		of <u>Leakesville</u>		
Wel	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply Date well drilling started: 10 28 08 Date well drilling completed: 10 30 08				
Other (describe)				
Static Water Level: 154 feet above of below circle one) land surface Date measured: 10 30 08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 460 Well depth: 460 Well grouted to a depth of				
Type of grout (circle one): Cement Bentonite M		0.00		
Casing length: 420 feet Casing diameter: 4	inches Type of casing: _	PVC		
Screen length: 40 feet Screen diameter: 4 inches Type of screen: 7VC				
Screen slot size: OlD inches Setting depth: From 420 feet to 460 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):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
RAYBORN DRILLING, INC. 0-60		-1		

Print Name of Water Well Contractor and License No.

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NOV 1 3 2008

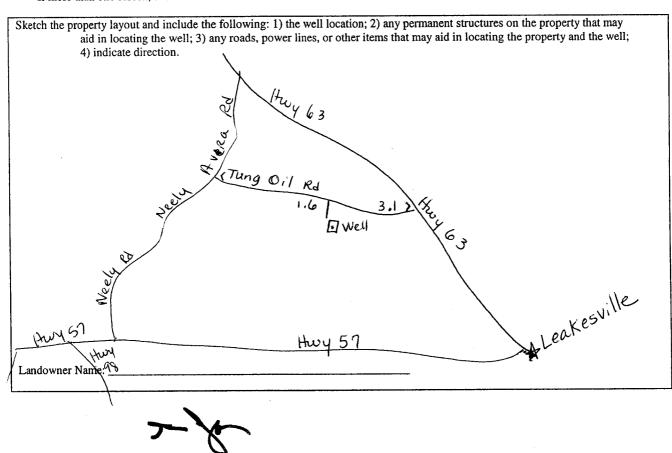
BY: OLWR

K-46

Ground Level		

Description of Formations Encountered	From	To
(IIa)		25
Clay	1.20	77
FINE SAND + SILT	22	63
FINE SAND + SILT SILT WICIAY STREAKS	65	175
1.CLAU	175	260
Clay WI SILT STREAKS SILTY CLAY FINE SAND	2/00	320
Zulan Clan	370	370
SILIY CLIY	320	7/5
FINE SAND	370	410
te t	410	460
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

NOV 1 3 2008 BY: OLWR

STATE WELL REPORT

Part 2

County: GREENE

Permit #: _____

Driller: Gary Rayborn

Driller: Oury Rayborr

Date completed: 1030 08

70

Duration of Pump Test (minimum 4 hours): ____

Test Pumping Rate: ___

___Gallons Per Minute

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 #:	KHG

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	Wen Location	
Owner Name: Griner Drilling, Inc.	Latitude:Longitude:	
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
P.O.Box 825	USGS quad, Hand-held GPS, Survey-grade GPS 1414 Sec16 Twn3NRng7W	
Columbia US 39429		
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (800) 221-4098	9.4 Miles NW of Leakesville	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 5 HP	
Date Pump Installed: 10 30 08	Setting Depth: 294 feet	
Rated Pump Capacity:	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 10 30 08	Circle one Air Line Electric Measuring Line Steel Tape	
Static Water Level (A): 154 Feet Below Land Surface		
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	

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Gary Rayborn 0-60	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Well yielded ___

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_hours of pumping

70 GPM with a drawdown of

_feet after __

NOV 1 3 2008

BY: OLWR