

# 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 #: R 46  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 10/30/08

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>SG Resources MS, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>28420 Hardy Toll Rd N,</u> <u>Suite 125</u> <u>SPRING TX 77373</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>3N</u> Rng <u>7W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Leakesville</u>

### Well 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

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

Static Water Level: 154 feet above or 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 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 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): \_\_\_\_\_

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

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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NOV 13 2008

BY: OLWR



# 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 #: K 416  
 Elevation: \_\_\_\_\_

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 10/30/08

**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>Griner Drilling, Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 825</u> <u>Columbia MS 39429</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>3N</u> Rng <u>7W</u>
Telephone No. <u>(800) 221-4098</u>	Distance Direction Nearest Town <u>9.4</u> Miles <u>NW</u> of <u>Leakesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <b>Submersible</b>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <b>Electric Motor</b> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>10/30/08</u>	Setting Depth: <u>294</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/30/08</u>	<input checked="" type="radio"/> <b>Air Line</b> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>154</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>70</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>70</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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