

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: C87
Aquifer: _____
E-Log #: _____

County: Hinds
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 10/24/16

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>William Bass</u>	Latitude: <u>32°26'26" N</u> Longitude: <u>90°14'41" W</u>
Mailing Address: _____ <u>4193 Green's Crossing Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Jackson MS 39213</u>	<u>NE 1/4 NE 1/4, Sec 24 T 7N R 1W</u>
City State Zip Code	<u>8</u> Miles <u>W</u> of <u>Ridgeland</u>
Telephone No. <u>(601) 624-2595</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10/6/16</u> Date drilling completed: <u>10/24/16</u> Hole depth: <u>620'</u> Hole diameter: <u>3"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other: (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>280</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>10/24/16</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>620'</u> Well-grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>590</u> feet Casing diameter: <u>3</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>590</u> feet to <u>620</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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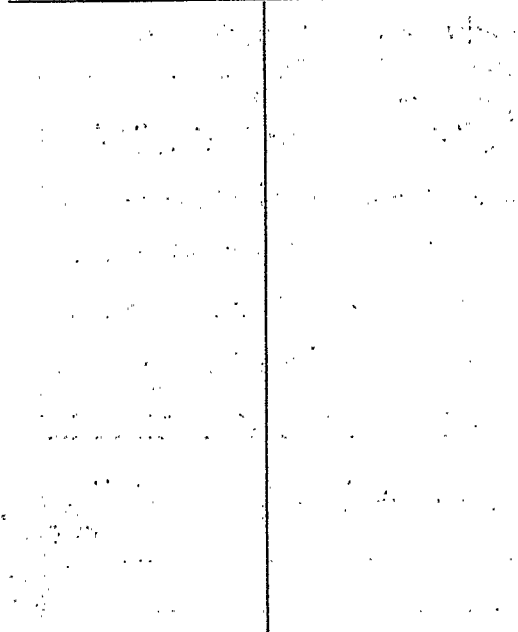
County: Hinds
 Permit #: _____

For Office Use Only:
 Well #: 087

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Chalk	Ground level	40
Sand	40	95
Chalk	95	410
Fine sand/silt	410	440
Chalk	440	590
Sand	590	620

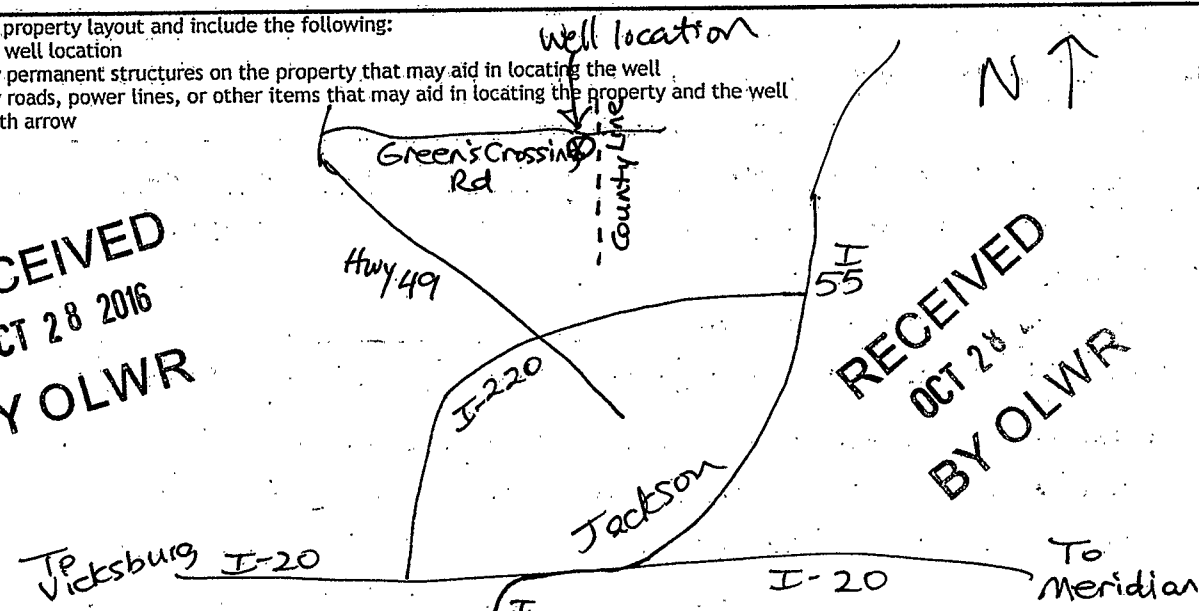
If more than one screen, show location of each on sketch

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) north arrow

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Landowner Name: William Bass

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rayborn Drilling Inc. 0-60 10/25/16
 Print Name of Responsible Licensee and License No. Date


 Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: C87
Aquifer:

County: Hinds
Permit #:
Driller: Gary Rayborn
Date completed: 10/24/16
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information: Owner Name: William Bass, Mailing Address: 4193 Green's Crossing Rd, Jackson MS 39213, Telephone No. (601) 624-2595. Well Location: Latitude: 32°26'26"N Longitude: 90°14'41"W, Method of Lat/Long: Conventional Survey, USGS quad: NE 1/4 NE 1/4, Sec 24 T 7N R 1W, 8 Miles W of Ridgeland.

Pump Type (circle one): Submersible, Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other (describe):. Date Pump Installed: 10/24/16, Rated Pump Capacity: 1.0 Gallons Per Minute, Is This Pump (circle one): New, Repaired, Replacement.

Power Type (circle one): Electric, Diesel, Gasoline, Natural Gas, Tractor PTO, Windmill, Other (describe):. Horse Power Rating of Motor: 1.5, Setting Depth: 378 feet, Number of Stages: 14.

Pump Test Data for Non Flowing Well: Date Well Tested: 10/24/16, Duration of Pump Test (minimum 4 hours):, Static Water Level (A): 280 Feet Below Land Surface, Pumping Water Level (B):, Drawdown [(B) - (A)]:, Test Pumping Rate: 10 Gallons Per Minute, Method of measurement (circle one): Steel tape, Electric tape, Air line, Other (describe):.

Pump Test Data for Flowing Well: Measured shut in head: feet, Well yielded GPM with a drawdown of feet after hours of pumping.

Meter Installation: Meter Manufacturer:, Meter Serial Number:, Meter Model Number/Name:, Type of Meter:, Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):, Installation Date:, Meter installed by:, Is This Meter (circle one): New, Repaired, Replacement. Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Rayborn Drilling, Inc. O-60 10/25/16, Print Name of Pump Installer and License No. (if applicable), Date, Signature of Pump Installer.

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