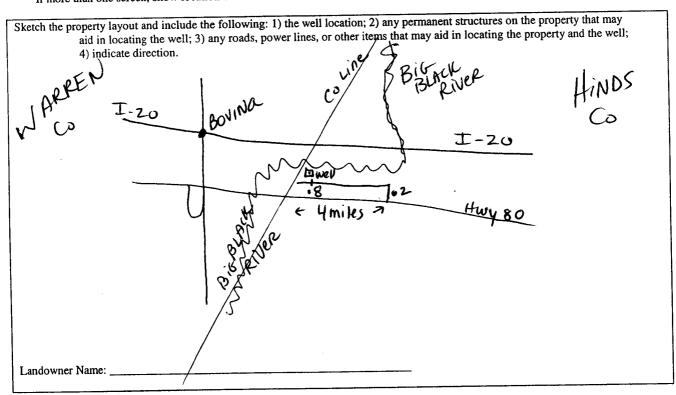
State W	ell Report	
Country	For Office Use Only:	
Mississippi Departmen	t of Environmental Quality Aquifer: nd Water Resources Aquifer:	
	nd Water Resources Box 10631 Well #:	
J J M	IS 39289-0631 L. S. Elevation:	
Date diffilling completed.	961-5210 4-6938 (fax) E-log #:	
State Law requires that this 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 Percy thornton	Latitude: 32 , 05 Longitude: 90 . 40, 46,	
Mailing Address: P. O. Box 443	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Edwards, MS 39066 City State Zip Code	5W14 NC4 Sec 23 Twn 16N Rng 500 5	
Telephone No. (60) 852 - 4005	Distance Direction Nearest Town Edwards Miles NW of VIEWS DUTY	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:	
Date well drilling started: 10 20 07 Date well drilling completed: 10 20 07		
If flowing, method of flow regulation: Valve Other (describe) Static Water Level: feet above or below (circle one) land surface Date measured:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: 50 Well depth: 50 Well grouted to a depth of feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC		
Screen length: 10 feet Screen diameter: 4	inches Type of screen: PVC	
Screen slot size: r010 inches Setting depth: From 40 feet to 50 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	Je	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

NOV 2 6 2007 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

	To
10	25
75	35
35	50
-	\vdash
_	+
	\vdash
_	
+-	+-
	+
	35

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



Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: Warren Hinds **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Permit #: Office of Land and Water Resources Driller: Gary Rayborn

P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:	
Aquifer:	
Well #: D-65	_
Elevation:	_

Date completed: 10-20-07	(601)961-5210 (601)354-6938 (fax) Elevation:
This report should be prepared by the pump installer installation of pump.	in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Percy Thornton	Latitude:Longitude:
Mailing Address: P.O.Box 443	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Edwards MS 39060 City State Zip Code	61414 Sec_23_ Twn_16N_Rng_560 €
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) 852-4005	Miles NW of Vicksburg Edwards
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:
Date Pump Installed: 10-20-2007	Setting Depth: 40 feet
Rated Pump Capacity: Gallons Per Min	
Pump Test Data	Method of Measuring Water Level
Date Well Tested: 10-20-2007	Circle one
	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): 20 Feet Below Land Surf	Other (specify):
Pumping Water Level (B):Feet Below Land Surf	ace
Drawdown [(B) - (A)]:Feet Below Land Surf	face For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Min	nute Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):ho	oursfeet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to the	he best of my knowledge.
Gary Raybom 0-60	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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