

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 #: D-69
L. S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 12/12/07

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>James Gattis</u>	Latitude: <u>32° 20' 45"</u> Longitude: <u>90° 39' 36"</u>
Mailing Address: <u>P. O. Box 470</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Edwards, MS 39066</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>E</u>
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 23 24 Twn 16N Rng 50E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>6</u> Miles <u>NW</u> of <u>Edwards</u>

Well Data

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

Date well drilling started: 12/12/07 Date well drilling completed: 12/12/07

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

Static Water Level: 25' feet above of below (circle one) land surface Date measured: 12/12/07

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

Hole depth: 52' Well depth: 52' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 47 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 5 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 47 feet to 52 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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JAN 10 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 #: D-69

Elevation: _____

County: Hinds

Permit #: _____

Driller: Gary Rayborn

Date completed: 12/12/07

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

Owner Name: James Gattis

Mailing Address: P.O. Box 470

Edwards, MS 39066
City State Zip Code

Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

____ 1/4 ____ 1/4 Sec 23 Twn 16N Rng 50E

Distance Direction Nearest Town

4 Miles NW of Edwards

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12/12/07

Rated Pump Capacity: 10 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1 HP

Setting Depth: 50' feet

Number of Stages: 12

Pump Test Data

Date Well Tested: 12/12/07

Static Water Level (A): 25' Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 10 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 10 GPM with a drawdown of

_____ feet after _____ hours of pumping

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]
Signature of Pump Installer

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JAN 10 2008

BY: OLWR