) ()	State Wall Depart	
Iliade	Part 1	For Office Use Only:
County: Hinds	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #:
Driller: Gary Rayborn	P.O. Box 10631	Well #:
	Jackson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 121207	(601)961-5210 (601)354-6938 (fax)	E-log #:
State I aw requires that this ren	ort be prepared by the driller in detail and filed v	
30 days of completion of drilling	g of the well.	
Well Owner Informa		l Location
Owner Name James Go		<u>)</u> " Longitude: <u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>
Mailing Address: $P.O.Box$	<u>4'10</u> Method of Lat/Long (circle o	ne): Conventional Survey,
		d GPS, Survey-grade GPS E
Edwards, M City Sta		3 24 Twn 16N Rng 500
Telephone No. ()	Distance Direction $$	of Edwards
······································	Well Data	·····
	dustrial Public Supply Irrigation Fish Culture	· · · ·
	2 07 Date well drilling completed:	
If flowing, method of flow regulation: Va	lve Other (describe)	
Static Water Level: <u>25'</u> feet a	bove of below circle one) land surface Date measured:	12/12/07
Method of Measurement (circle one) s		·····
	epth: <u>52'</u> Well grouted to a depth of	<u> </u>
Type of grout (circle one): Cement		Out
	ing diameter: inches Type of casing:	
·	een diameter: inches Type of screen:	
	Setting depth: From <u>47</u> feet to	<u>JZ</u> feet
Type of completion (circle all applicable)		n hole Natural Development
	Other (describe):	
	feet If telescoped or more than one sc	
Logs run (circle all applicable). No log r	Electric Gamma Ray Density Sonic Neutron	Other:
Name of organization running log(s):	ructed, and completed in accordance with all applicable	 e requirements of the Mississinni
	and/or the Mississippi Department of Health regulation	
RAYBORN DRILLING, INC.	0-60	
Print Name of Water Well Contractor and	I License No. Signature	of Water Well Contractor
L	· · · · · · · · · · · · · · · · · · ·	RECEIVED
		JAN 1 0 2008
		BY: OLWR

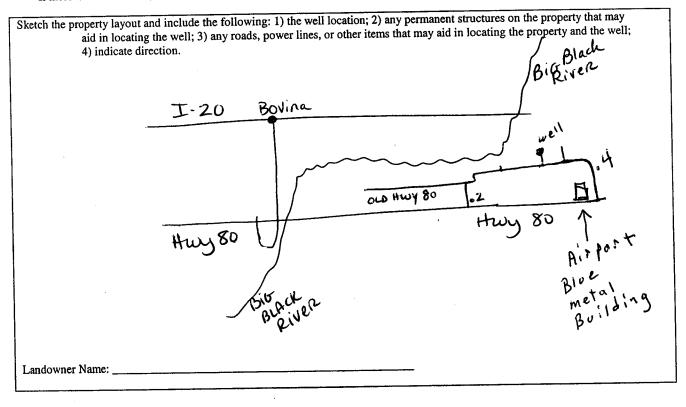
If well telescopes please sketch below and show depths.

Ground Level

۲

Description of Formations Encountered	From	To
Chaik	0	47
Sand	47	52
		<u> </u>
	_	

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



Signature of Water Well Contractor

JAN 1 0 2008 BY: OLWR

D-69

			ELL REPORT		
County: Hinds		Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality		For Office Use Only:	
	ı			Aquifer:	
Permit #:			and Water Resources		
Driller: Gary Ray	born	P.O. Box 10631 Jackson, MS 39289-0631		Well #:	
Date completed: 12/12/1	27		1)961-5210	Elevation:	
			54-6938 (fax)		
installation of mumm			ail and filed with the Departm	ent within 30 days of the	
Well Owner Information		W	Well Location		
Owner Name: James Gattis Mailing Address: P. O. Box 470		Latitude:	Longitude:		
		Method of Lat/Long (circle of	Method of Lat/Long (circle one): Conventional Survey,		
				nd-held GPS, Survey-grade GPS	
Edwards MS 3906 City State Zip Code		•	14 14 Sec. <u>23</u> Twn <u>16NRng 500</u>		
			Nearest Town		
Telephone No. ()			4 Miles NW	JW of Edwards	
	тр Туре			Power Type	
Ci	ircle one			Circle one	
Air Lift Jet		Submersible	Diesel Engine Gaso	line Engine Natural Gas	
Bucket Pisto	on 1	Furbine	Electric Motor Hand	d Tractor PTC	
Centrifugal Rota	ary	Flowing Well		er (specify):	
Other (specify):				or: I HP	
Date Pump Installed:	12/12/07	7	Setting Depth:	50 ¹ feet	
10			Number of Stages:	12	
Rated Pump Capacity:	0				
Pum	p Test Data		Method of N	Aeasuring Water Level	
Date Well Tested: 12/12/07			Circle one		
			Air Line Electric M	leasuring Line Steel Tape	
Static Water Level (A): <u>25'</u> Feet Below Land Surface					
Pumping Water Level (B):	Feet Be	elow Land Surface	Other (specify):		
			For flowing well, measured	shut in head:feet	
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute				GPM with a drawdown of	
Test Pumping Rate:		fallons Per Minute			
Duration of Pump Test (minin	num 4 hours): _	hours	feet after	hours of pumpin	
	1		t of my knowledge		
I HEREBY CERTIFY that the Gary Rayb		$rac{1}{2}$ $rac{$			

BY: OLWR