P.S	State We	ll Report	For Office Use Only:		
County: Hinds	Par	t1 -			
•	Mississippi Department of Office of Land and	of Environmental Quality	Aquifer:		
Permit #: Driller: Gary Rayborn	P.O. Bo		Well #:		
Driller: Oary Nayporn	Jackson, MS		L. S. Elevation:		
Date drilling completed: $3 - 21 - 08$		51-5210 6938 (fax)	E-log #:		
State Law requires that this rep 30 days of completion of drillin	port be prepared by the d g of the well.				
Well Owner Inform	ation		Il Location		
	Dwner Name Dick Davis Latitude: 32. 20, 43." Longitude: 90. 39, 30.				
Mailing Address: 102 Gree	nbrook Dr	Method of Lat/Long (circle of	one): Conventional Survey,		
		USGS quad, Hand-hel	ld GPS, Survey-grade GPS		
Brandon M	15 39042	SE 14 SE 14 Sec 2	3 24 16N Rng 508 G		
City S	tate Zip Code	Distance Direction	Nearest Town		
Telephone No. (601) 825-36	151	5 Miles NW	of <u>Magnotia</u> Edward		
	Well D	ata			
Purpose of Well (circle one Home In	ndustrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 3-21-0	Date w	ell drilling completed:	3-21-08		
If flowing, method of flow regulation: V					
If flowing, method of flow regulation: V	alve Other (de	scribe)	3-71-08		
Static Water Level: <u>23'</u> feet	\smile	\sim			
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: <u>50</u> Well	depth: <u>50</u>	Well grouted to a depth of	ffeet		
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: <u>30</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>					
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>					
Screen slot size: <u>•010</u> inches Setting depth: From <u>30</u> feet to <u>50</u> feet					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Type of completion (circle all applicable					
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, con		acondonce with all applical	ble requirements of the Mississippi		
I certify that the well was drilled, com	structea, and completed in a	ecordance with an application of Health regulation	ons and state laws.		
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
RAYBORN DRILLING, I	NC. 0-60	7			
			e of Water Well Contractor		

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If well telescopes please sketch below and show depths.

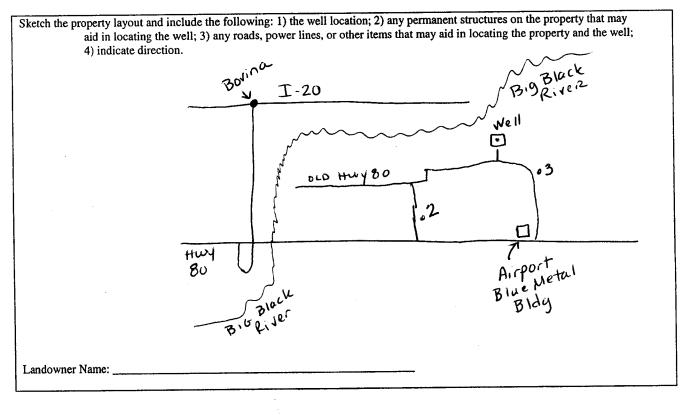
Ground Level

Description of Formations Encountered	From	То
 CHALK	0	45
SAND	45	50
SAND		
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	+	+
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BY OLICE

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



Signature of Water Well Contractor

STATE WELL REPORT					
Mississi	Part 2 For Office Use Only: np Installer's Completion Report Aquifer: pi Department of Environmental Quality Aquifer: fice of Land and Water Resources				
Driller: <u>Gary Rayborn</u> Date completed: <u>3-21-08</u>	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)				
	taller in detail and filed with the Department within 30 days of the				
installation of pump. Well Owner Information	Well Location				
Owner Name: Dick Davis	Latitude:Longitude:				
Mailing Address: 102 Greenbrook					
	USGS quad, Hand-held GPS, Survey-grade GPS				
Brandon MS 39	042 14 14 Sec_23 Twn_16N Rng5D8 E				
City State Zip	Code Distance Direction Nearest Town				
Telephone No. (60) 835-3251	<u>5</u> Miles <u>NW</u> of <u>Magnolia</u>				
Ритр Туре	Power Type				
Circle one	Circle one				
Air Lift Jet Submers	ble Diesel Engine Gasoline Engine Natural Gas				
Bucket Piston Turbine	Electric Motor Hand Tractor PTO				
Centrifugal Rotary Flowing	1				
Other (specify):	Horse Power Rating of Motor:				
Date Pump Installed: <u>3-21-08</u>	Setting Depth: 48 'feet				
Rated Pump Capacity: Gallons F	er Minute Number of Stages:				
Pump Test Data	Method of Measuring Water Level Circle one				
Date Well Tested:	KAIn Line D Electric Mecouring Line Steel Lane				
Static Water Level (A): <u>23'</u> Feet Below La	Dther (specify):				
Pumping Water Level (B):Feet Below Law					
Drawdown [(B) – (A)]:Feet Below La					
Test Pumping Rate:Gallons I	er Minute Well yielded GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	hoursfeet afterhours of pumping				
I HEREBY CERTIFY that the above statements are t	ue to the best of my knowledge.				
Gary Rayborn O-6					
Print Name of Pump Installer and License No. (if app	licable) Signature of Pump Install				

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