

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: D82
Aquifer: _____
E-Log #: _____

County: Hinds
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 8/10/18

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>Montgomery Farms Inc.</u>	Latitude: <u>32.3148</u> Longitude: <u>-90.6644</u> <u>32-18-53</u> <u>90-39-52</u>
Mailing Address: <u>7187 Smith Station Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Edwards</u> <u>MS</u> <u>39066</u>	<u>SE 1/4 SW 1/4</u> , Sec <u>36</u> T <u>16N</u> R <u>5W</u>
City State Zip Code	<u>4</u> Miles <u>SW</u> of <u>Edwards</u>
Telephone No. <u>601 661-9061</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/9/18</u> Date drilling completed: <u>8/10/18</u> Hole depth: <u>40'</u> Hole diameter: <u>4"</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 (check all applicable): <input checked="" type="checkbox"/> <u>No</u> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check 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 Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check 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): _____ AUG 28 2018
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>BY OLWR</u>
Static Water Level: <u>15</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8/10/18</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>40</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>30</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: _____ inches Setting depth: From <u>30</u> feet to <u>40</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" 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>

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 #: D82
 Aquifer: _____

County: Hinds
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 8/10/18
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		Well Location	
Owner Name: <u>Montgomery Farms Inc</u>		Latitude: <u>32.3148</u> Longitude: <u>-90.6644</u>	
Mailing Address: <u>7187 Smith Station Rd.</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Edwards</u> City	<u>MS</u> State	<u>SE 1/4 SW 1/4, Sec 36 T 16 N R 5 W</u>	
<u>39066</u> Zip Code		<u>4</u> Miles (Distance)	<u>SW</u> (Direction) of <u>Edwards</u> (Nearest Town)
Telephone No. <u>(601) 661-9061</u>			

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 8/10/18 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one) New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 Setting Depth: 35 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 8/10/18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 15 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

Method of measurement (check 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: RECTIFIED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: AUG 28 2018

Is This Meter (check one) New Repaired Replacement BY OLWR

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. 0-60 8/24/18
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

