Walker 28-2-263H

State Well Report For Office Use Only: Part 1 Mississippi Department of Environmental Quality Aquifer: _ Office of Land and Water Resources Permit #: Well#: P.O. Box 10631 Jackson, MS 39289-0631 L. S. Elevation: Date drilling completed: 61008 (601)961-5210 E-log #: (601)354-6938 (fax) 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 Location Well Owner Information Latitude: 31 · 43 · 32 " Longitude: 91 · 54 · 51 " Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NN 14 NE 14 Sec 28 Twn 9N Rng Direction Miles Su of Gwinville Telephone No. (<u>**40**</u>) Well Data Fish Culture Industrial Public Supply Irrigation Purpose of Well (circle one) Home Date well drilling started: 6 10 08 Date well drilling completed: Other (describe) _ If flowing, method of flow regulation: Valve ____ feet above of below (Fircle one) land surface Date measured: (electric tape) air line steel tape Method of Measurement (circle one) Well grouted to a depth of _______ Well depth: Type of grout (circle one): Cement Mix Bentonite Type of casing: _ inches Casing diameter: ___ Casing length: ___ Type of screen: inches Screen diameter: ___ Screen length: Screen slot size: ___O2O Setting depth: From Gravel packed Underreamed Telescoped Open hole Natural Development Type of completion (circle all applicable) Other (describe): _ feet.. If telescoped or more than one screen, describe on back of page Top of lap pipe or reduction in casing: _ 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.

Print Name of Water Well Contractor and License No.

0-60

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Signature of Water Well Contractor

JUN 1 2 2008

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CAALK	0	15
Pea GRAVEL	15	85
ROCK	85	87
CHALK	87	135
Pea Gravel	135	160
		1

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

Sketch the property layout and include the following: 1) the well location; 2) any permane aid in locating the well; 3) any roads, power lines, or other items that may aid 4) indicate direction.	ent structures on the property that may id in locating the property and the well;
Landowner Name:	warker Rd Bouth
LAMBOUT STORY	

2-8

Signature of Water Well Contractor

JUN 1 2 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

For Office Use Only:		
Aquifer:		
Well #: <u>A- 108</u> Elevation:		

Date completed: 10 110	(601)354	-6938 (fax)	Elevation:	
This report should be prepared by the installation of pump.	he pump installer in detail	and filed with the Departmen	nt within 30 days	of the
Well Owner Informa	tion	Well Location		
Owner Name: Penn-Va O	136as	Latitude:Longitude:		
Mailing Address: Z550 E, S	itone Dr	Method of Lat/Long (circle one): Conventional Survey,		
Suite 110)	USGS quad, Hand-held GPS, Survey-grade GPS		y-grade GPS
		14 Sec 28 Twn 9N Rng 19W		Rng 19W
City State	Zip Code	Distance Direction		i
101 (72) 1100				
Telephone No. (601)731-433	3	2 Miles Sw of Gwinville		
Pump Type Circle one			ower Type Circle one	
Air Lift Jet (Submersible	Diesel Engine Gasoli	ne Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor Hand		Tractor PTO
Centrifugal Rotary	Flowing Well		(specify):	
Other (specify):		Horse Power Rating of Motor: 5 HP		
Date Pump Installed:	08	Setting Depth:	1 7'	feet
Rated Pump Capacity:		Number of Stages:	11	<u>.</u>
D (T. 4 D. 4		Method of M	easuring Water L	evel
Pump Test Date			Circle one	
Date Well Tested:		Air Line Electric Me	easuring Line	Steel Tape
Static Water Level (A): 45 Fe	et Below Land Surface	Other (specify):		-
Pumping Water Level (B):Fee	et Below Land Surface	Guite (speedly):		
Drawdown [(B) – (A)]:Fe	et Below Land Surface	For flowing well, measured	shut in head:	feet
Test Pumping Rate: 60	Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hour	s):hours	feet after	ho	urs of pumping
I HEREBY CERTIFY that the above state	0-60		28	
Print Name of Pump Installer and Licens	e No. (if applicable)	Signature of Pump	installer	

RECEIVED

JUN 1 2 2008

BY: OLWR