(15T of 2 wells) Nullins 28-16-292H

State Well Report Part 1 Permit #: Driller: Garu

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor and License No.

Date drilling completed:

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: A /23	
Well #:	
L. S. Elevation:	
V-log#:	

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 .30 " Longitude: 89 . 54 Owner Name 1000-Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Twn 9N Rng 19W _14 Sec_28 **77024** Zip Code State Miles NNW of Trentis 628 Telephone No. 423 Well Data Irrigation Fish Culture **Public Supply** Industrial Purpose of Well (circle one) Home Date well drilling completed: 1-26-10 Date well drilling started: If flowing, method of flow regulation: Valve ____ Other (describe). Date measured: feet above or below (circle one) land surface Static Water Level: air line other: electric tape steel tape Method of Measurement (circle one) Well grouted to a depth of _ Well depth: Hole depth: Mix Bentonite Type of grout (circle one): (Cement) Type of casing: inches Casing diameter: Casing length: _ Type of screen: _ inches Screen diameter: Screen length: Screen slot size: 02 Setting depth: From inches Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development 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.

Signature of Water Well Contractor.

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~ 2 W			
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Description of Formations Encountered	From	To
Clay	0	20
Pea Gravel	20	60
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		-

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

aid in locating the well; 3) ally roads, i	(: 1) the well location; 2) any permanent structures on the property that may power lines, or other items that may aid in locating the property and the well;
4) indicate direction.	Huy 13
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well#1.	#2
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Signature of Water Well Contractor

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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

For Office Use Only:				
Aquifer:	A123			
Weil #:	,			
Elevation:				

Permit # Jackson, MS 39289-0631 (601)961-5210 Date completed: (601)354-6938 (fax) 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 Location Well Owner Information Longitude:_ Latitude: Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS Twn 9 N Rng 19 W Nearest Town Direction Distance Prentiss 723-0281 Telephone No. (423 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Jet Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): Windmill Flowing Well Centrifugal Rotary Horse Power Rating of Motor: Other (specify): _ -26-10 Setting Depth: Date Pump Installed: _ Number of Stages: Gallons Per Minute Rated Pump Capacity: _ Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: _ Steel Tape Electric Measuring Line Air Line 20 Feet Below Land Surface Static Water Level (A): _ Other (specify): _ Pumping Water Level (B): _____Feet Below Land Surface For flowing well, measured shut in head: ____ **Feet Below Land Surface** Drawdown [(B) - (A)]: GPM with a drawdown of Well yielded Gallons Per Minute Test Pumping Rate: _ feet after _____hours of pumping Duration of Pump Test (minimum 4 hours): ____hours

	Committee of the contract of t
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	A STATE OF THE STA
HEREBY CERTIFY that the above statements 25 and	The second section of the section of the second section of the section of the second section of the secti
(0, 0, 0, 0, 0)	J - K
Gary Rayborn 0-60	ure of Pump Installe
Print Name of Pump Installer and License No. (if applicable) Signatu	ire of Fump mistande
Time Name of Long and	,