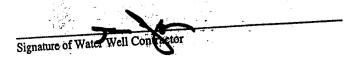
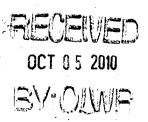
	State We	ell Report	For Office Use Only:	
County: Jeff Days	Pa	ort 1	1 1	
County: Jett Days	Mississippi Department of Environmental Quality		Aquifer: 17/24	
Permit #:	Office of Land and Water Resources		Well #:	
Driller: Gary Rayborn	P.O. Box 10631		L. S. Elevation:	
Driller: CCC 41 CCC 3	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation.	
Date drilling completed: $\frac{\gamma}{1}$		1-6938 (fax)	E-log #:	
·	3			
State Law requires that this rep	ort he prepared by the	driller in detail and filed v	vith the Department within	
State Law requires that this rep 30 days of completion of drilling	g of the well.		T V deltan	
Well Owner Inform	auon		Il Location	
owner Name Penn-Va Oi	& Gas Corp	1	2" Longitude: 89 • 5 3, 40.,	
Mailing Address: 840 Gesso	ier Suite 800	Method of Lat/Long (circle o	l	
DEPT AP	-300	USGS quad, Hand-hel	d GPS, Survey-grade GPS	
Houston T	x <u>17024</u>		$\frac{2}{2} \frac{9N}{\text{Rng}/4W}$	
City	tate Zip Code	Distance Direction	Nearest Town	
Telephone No. <u>423</u> 723 -	0281	Miles NNW	Nearest Town of funting	
Telephone Ive. (Well	Data		
		•	Other: Rig Supply	
Purpose of Well (circle one) Home I	ndustrial Public Supply			
9-12	L-ID Date	well drilling completed:	-13-10	
Purpose of Well (circle one) Home Date well drilling started:	Dan	, , , , , , , , , , , , , , , , , , , ,		
If flowing, method of flow regulation:	Valve Other	(describe)	9 13-10	
If flowing, method of flow regulation: Static Water Level:	above or below circle one) land surface Date measure	d:	
Method of Measurement (circle one)	steel tape electric tap	be air line other:		
12	depth:	Well grouted to a depth o	ofteet	
Type of grout (circle one): Cement	Bentonite Mi	x	DVC	
	asing diameter:		PVC PVC	
Casing longui. 20 feet Screen diameter: 4 inches Type of screen: 70°C				
Screen length:				
Type of completion (circle all applicab	ole): Gravel packed Un	derreamed Telescoped O	pen hole Natural Development	
Type of completion (en electrical)	Other (describe):			
Top of lap pipe or reduction in casing:	feet]	f telescoped or more than one	e screen, describe on back of page	
Logs run (circle all applicable): No lo	Electric Gamma I	Ray Density Sonic Neutro	on Other:	
Logs run (circle all applicable). (No le	, <u>610</u>		No. 1. July 1	
Name of organization running log(s):	onstructed, and completed	in accordance with all applica	able requirements of the Mississippi	
I certify that the well was drilled, co Department of Environmental Qual	ity and/or the Mississinni	Department of Health regula	tions and state laws.	
Department of Environmental Qual	ity and of the mission pp.			
RAYBORN DRILLING, IN	vc. 0-60		ure of Water Well Contractor	
Print Name of Water Well Contractor	and License No.	Signati	ine of water went	
			OCT 9 5 2010	
			- ·	

Ground	Level

Description of Formations Encountered	From	To
Red, SANDY CLAY	0	40
STREAKS OF SAND + CLAY	40	100
FINE SAND	100	120
PEA GRAVEL	120	160
	_	
	_	
	_	
		1
	_	1-1

tch the p	4) indicate direct	ction.	1st well	cation; 2) any permanent other items that may aid	m locating the f	22-13-289L	#
		OLD HEBRON	2 × 30 2	this RP			
, · ·			halker Lane	# 8.8 12 July 13			
	•			prentiss			
				premi			





STATE WELL REPORT

Part 2

County: Jeff Davis **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

Driller: O Date completed: 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 92 Rng 19W Direction Distance 723-0281 Telephone No. (4 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 Rotary Centrifugal Horse Power Rating of Motor: Other (specify): _ feet 9-13-10 Setting Depth: _ Date Pump Installed: _ Number of Stages: _ Gallons Per Minute Rated Pump Capacity: _ Method of Measuring Water Level Pump Test Data Circle one 9-13-10 Electric Measuring Line Steel Tape Date Well Tested: Air Line Static Water Level (A): _____Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface For flowing well, measured shut in head: _____feet _Peet 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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Signature of Pump Inst Print Name of Pump Installer and License No. (if applicable)