

State Well Report

Part 1

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: _____
Well #: H-29
L. S. Elevation: _____
E-log #: _____

County: Jefferson
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 1-18-05

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 Owner Information | Well Location |
|--------------------------------------|--|
| Owner Name: <u>R.L. Blanton</u> | Latitude: _____° _____' _____" Longitude: _____° _____' _____" |
| Mailing Address: <u>P.O. Box 316</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Washington MS 39190</u> | USGS quad; Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>37</u> Twn <u>9N</u> Rng <u>1E</u> |
| Telephone No. <u>(601) 445-8278</u> | Distance Direction Nearest Town |
| | <u>5</u> Miles <u>West</u> of <u>Fayette</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 1-17-05 Date well drilling completed: 1-18-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 100' feet above or below (circle one) land surface Date measured: 1-18-05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 180 Well depth: 180 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1010 inches Setting depth: From 160 feet to 180 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

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, 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 0-60
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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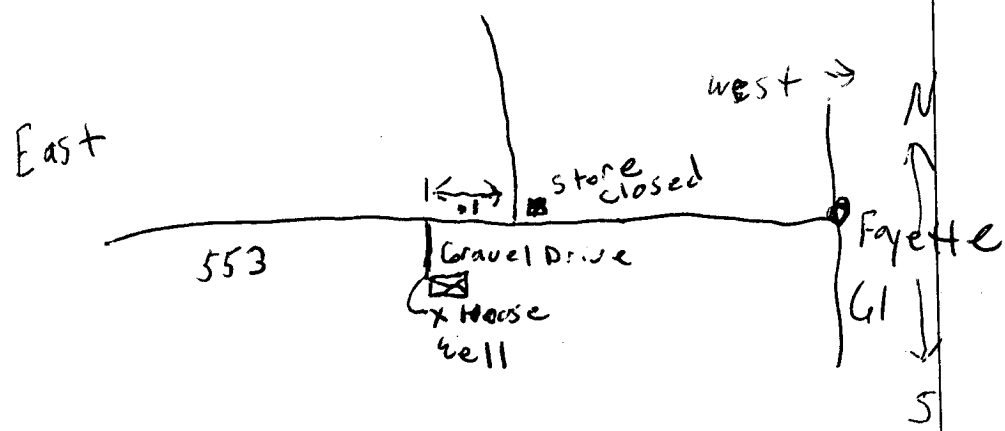
If well telescopes please sketch below and show depths.

Ground Level H-29

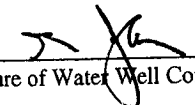
| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 20 |
| Sand & clay streaks | 20 | 40 |
| Fine Sand | 40 | 60 |
| Clay | 60 | 100 |
| Fine sand | 100 | 150 |
| Coarse sand | 150 | 180 |
| Bottom of sand | 180 | |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: R. L. Blanton



 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
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Jefferson
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 1-18-05

For Office Use Only:

Aquifer: _____
 Well #: H-29
 Elevation: _____

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 Owner Information | Well Location |
|--------------------------------------|---|
| Owner Name: <u>R. L. Blanton</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 316</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Washington MS 39190</u> | _____ 1/4 _____ 1/4 Sec <u>37</u> Twn <u>9N</u> Rng <u>1E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 445-8278</u> | <u>5</u> Miles <u>west</u> of <u>Fayette</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>1-18-05</u> | Setting Depth: <u>140'</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | <input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>100'</u> Feet <input checked="" type="radio"/> Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rayborn Drilling Inc 0-60 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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