

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: M 40
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jefferson
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 1-18-11

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>Homewood Constr.</u>	Latitude: <u>31.38.24"</u> Longitude: <u>91.11.17"</u>
Mailing Address: <u>c/o Sam Middleton</u> <u>1709 Robinson St</u> <u>Natchez MS 39120</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>2R 1/4 2R 1/4 Sec 35 Twn 8N Rng 1W</u>
Telephone No. () _____	Distance <u>2.8</u> Miles Direction <u>E</u> of Nearest Town <u>Cannonsburg</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 1/18/2011 Date well drilling completed: 1/18/2011
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 65 feet above or (below) (circle one) land surface Date measured: 1/18/2011
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 120' Well depth: 120' Well grouted to a depth of 50 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 100 feet to 120 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 of Water Well Contractor

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FEB 17 2011

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
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

County: Jefferson
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 1-18-2011

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>Homewood Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>96 Sam Middleton</u> <u>1709 Robinson St.</u> <u>Natchez MS 39120</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>8N</u> Rng <u>1W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2.8</u> Miles <u>E</u> of <u>Cannonsburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>1-18-2011</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-18-2011</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>65</u> Feet 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 <u>10</u> 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.

Gary Rayborn 0-60
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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FEB 17 2011

BY: OLWR