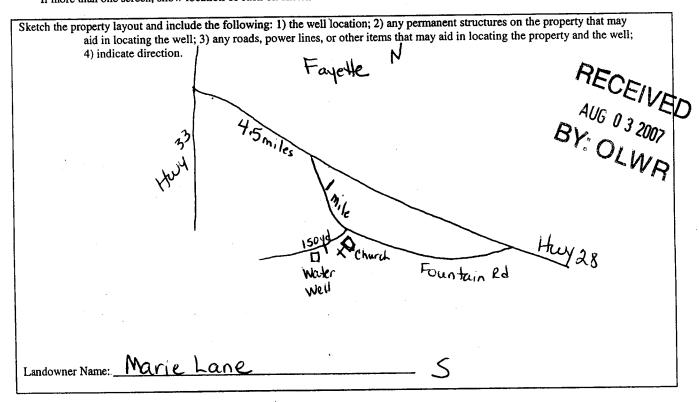
<u> </u>	State W	ell Report	For Office Use Only		
County: Jefferson	P	art 1	For Office Use Only:		
·	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #: 2 - 14		
Driller: Gary Rayborn	Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 1-23-01		961-5210	E lea #u		
(601)354-6938 (fax) E-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 Owner Informa	ation	Wel	l Location		
Owner Name Last Chance Hunting Club		Latitude:'	_" Longitude:°"		
Mailing Address: 960 Four	stain Rd		ethod of Lat/Long (circle one): Conventional Survey,		
		USGS quad; Hand-held	i GPS, Survey-grade GPS		
Fayette, MS 39069 City State Zip Code		1414 Sec_ <u>50</u> Twn_8 <i>N</i> Rng_2E			
	City State Zip Code  City State Zip Code  District City State Zip Code  District City State Zip Code		Nearest Town of Fayette		
		58	<b>!</b>		
	Well				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:					
Date well drilling started: 7-23-07 Date well drilling completed: 7-23-07					
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: 51feet above of below (circle one) land surface Date measured: 7-23.07					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 130' Well depth: 130' Well grouted to a depth of 10 RECEIVE					
Type of grout (choice one).					
0/14					
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC "ULWR					
Screen slot size: • O 10 inches Setting depth: From 110 feet to 130 feet					
Type of completion (circle all applicable)					
			•		
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 r	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.					
			of Wath Wall Contractor		
Print Name of Water Well Contractor and	i License No.	Signature	of Water Well Contractor		

If well telescopes please sketch below and show depths.

Ground Level				
			-	
	Ì			

Description of Formations Encountered	From	To
CHACK	0	<i>5</i> 5
POWDER SAND	55	60
Chalk WIS AND STROCKS	60	છ
SAND	80	130
	_	

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



2/2

Signature of Water Well Contractor

## STATE WELL REPORT

Part 2

Permit # Date completed:

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 #: 2 - 14		
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 Location Well Owner Information Latitude: Longitude:\_\_ Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS 14 Sec 50 Twn 8 N Rng 2E Distance Direction Nearest Town Telephone No. (225) 247-2612 Miles 5 Pump Type **Power Type** Circle one Circle one Gasoline Engine Natural Gas Submersible Diesel Engine Air Lift Jet Turbine Electric Motor Hand Tractor PTO Bucket Piston Other (specify): \_\_ Flowing Well Windmill Rotary Centrifugal Horse Power Rating of Motor: Other (specify): \_\_\_\_ 001 7-23-07 Setting Depth: \_ Date Pump Installed: \_\_\_\_ 10 Number of Stages: \_ Rated Pump Capacity: \_\_\_ Gallons Per Minute Method of Measuring Water Le **Pump Test Data** Circle one Date Well Tested: \_ Electric Measuring Line Air Line 57' Feet Below Land Surface Static Water Level (A): \_ Other (specify): \_ Pumping Water Level (B): \_\_\_\_\_Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Well yielded \_\_\_\_\_ GPM with a drawdown of 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.
Gary Rayborn 0-60	7-10-
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer