State V	Vell Report	For Office Use Only:
T	Part 1	ł
Mississippi Departine	ent of Environmental Quality and Water Resources	Aquifer:
	Box 10631	1
Driller: Gary Kay Dorn Jackson,	MS 39289-0631	L. S. Elevation:
	1)961-5210 54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the	ie driller in detail and filed v	vith the Department within
30 days of completion of drilling of the well. Well Owner Information	Well Location	
Owner Name Jason Mills	Latitude:°,	, Longitude:,,,,
Mailing Address: 205 Adams St	Method of Lat/Long (circle o	
vialung research	USGS quad; Hand-hel-	d GPS, Survey-grade GPS
		Twn 7N Rng 12W
	Distance Direction	Nearest Town of Ellisville
Telephone No. (<u>601) 498 - 3800</u>	<u>3</u> Miles	of Ellisville
	ll Data	
Purpose of Well (circle one) Home Industrial Public Suppl	v Irrigation) Fish Culture	Other:
Purpose of Well (circle one) Home industrial Tubble supply	11 Julius completed:	
Date well drilling started: 4-19-07 Da		
If flowing, method of flow regulation: ValveOthe	r (describe)	A 10 111
Static Water Level: 40 feet above or below (circle or	ne) land surface Date measured	1: 4-14-01
Method of Measurement (circle one) steel tape electric t		
Hole depth: 320 Well depth: 300	_	f /O feet
Type of grout (circle one): Cement Bentonite M	l ix	
Casing length: 286 feet Casing diameter: 4	inches Type of casing:	
Screen length: 40 feet Screen diameter: 4	inches Type of screen:	PVC
Screen slot size: 1010 inches Setting depth: Fro	om 2 <i>80</i> feet to	320 feet
Type of completion (circle all applicable): Gravel packed U	nderreamed Telescoped Op	en hole Natural Development
Top of lap pipe or reduction in casing:feet.		
Logs run (circle all applicable): No log run Electric Gamma		1
Name of organization running log(s): I certify that the well was drilled, constructed, and completed		No requirements of the Mississinni
I certify that the well was drilled, constructed, and completed	in accordance with all applicat	ne reduitements of the prisonsorbh
Department of Environmental Quality and/or the Mississippi	Department of Health regulation	UIS AIR SEALU IE 113.
RAYBORN DRILLING, INC. 0-6	0.0	Oof Water Well Contract CEIVED MAY 1 2007 BY: OLW
Print Name of Water Well Contractor and License No.	Signatur	of Water Well Control
		MAY
		SV. OLW
		Br. o
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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

For Office Use Only:		
Aquifer:		
Well #:	K-46	
Elevation: _		

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 Latitude:_____Longitude:_____ Owner Name: Jason Method of Lat/Long (circle one): Conventional Survey, Mailing Address:___ USGS quad, Hand-held GPS, Survey-grade GPS 14 _____ 14 Sec 12 Twn 7N Rng 12W Nearest Town Direction Distance Telephone No. (601) 498 - 3800 S of Power Type **Pump Type** Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Air Lift Tractor PTO Hand Electric Motor Piston Turbine Bucket Other (specify): Flowing Well Windmill Centrifugal Rotary Horse Power Rating of Motor: ______ Other (specify): ____ Date Pump Installed: 4-19-07 Setting Depth: ____ Number of Stages: ___ Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: 4-19-07 Electric Measuring Line Steel Tape Air Line Static Water Level (A): 40 Feet Below Land Surface Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface For flowing well, measured shut in head: ______feet Test Pumping Rate: ______GO _____Gallons Per Minute Well yielded _____ GPM with a drawdown of feet after _____hours of pumping Duration of Pump Test (minimum 4 hours): _____hours

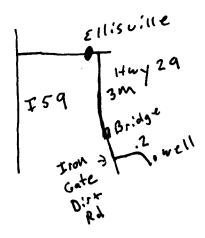
I HEREBY CERTIFY that the above statements are true to the best of a	my knowledge.	ENED
Gary Rayborn 0-60	Signature of Pump Installer	PECEI 2001
Print Name of Pump Installer and License No. (if applicable)	Signature of Fump instance	MAY NAM
		1. ()L

- 1	
Ground	Level

Description of Formations Encountered	From	To
		\vdash
chalk	0	20
5;1+	20	40
Blue Shalk	40	245
med sand	265	320
		-
		1
	_	-

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: Jason Mills

Signature of Water Well Contractor

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