

7-29-09. * Amended to reflect new well owner * Was Penn-Va Riq Supply 20-15 #242

State Well Report Part 1

County: Lamar
 Permit #: _____
 Driller: Gary Rayborn
 Date drilling completed: 2-8-09

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 #: M189
 L. S. Elevation: _____
 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 Information	Well Location
Owner Name: <u>Marcus Lane</u>	Latitude: <u>31° 02' 01"</u> Longitude: <u>89° 35' 09"</u>
Mailing Address: <u>146 White Sand Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>New Hebron MS 39140</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 20 Twn 1N Rng 16W</u>
Telephone No. <u>(601) 624-0105</u>	Distance Direction Nearest Town
	<u>6 Miles W of Baxterville</u>

Well Data

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

Date well drilling started: 2-7-09 Date well drilling completed: 2-8-09

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 2-8-09

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

Hole depth: 260' Well depth: 260' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .020 inches Setting depth: From 240 feet to 260 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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JUL 30 2009

BY: OLWR

* Amended to Reflect New well owner * 7-29-09

STATE WELL REPORT

County: Lamar
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 7-8-09

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 #: M189
 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>Marcus Kane</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>146 White Sand Church Rd</u> <u>New Hebron MS 39140</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>1N</u> Rng <u>16W</u>
Telephone No. <u>(601) 624-0105</u>	Distance Direction Nearest Town <u>6</u> Miles <u>W</u> of <u>Baxterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute	 Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____ NO PUMP IN WELL / WELL IS CAPPED

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

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 of Pump Installer

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JUL 30 2009

BY: OLWR