Well 2 of 2 **State Well Report** For Office Use Only: Part 1 County: Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources Permit # Well #: P.O. Box 10631 Driller: Jackson, MS 39289-0631 L. S. Elevation: (601)961-5210 Date drilling completed: (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 Location Well Owner Information " Longitude:\_\_\_\_ Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS Miles Direction Nearest Town Telephone No. (60 Well Data Fish Culture Irrigation Public Supply Industrial Purpose of Well (circle one) Home Date well drilling started: 12120 Date well drilling completed: Other (describe) If flowing, method of flow regulation: Valve\_ Static Water Level: \_\_\_\_105 feet above or below (circle one) land surface Date measured: other: electric tape air line Method of Measurement (circle one) steel tape Well grouted to a depth of \_ Well depth: Hole depth: \_\_\_ Cement Bentonite Mix Type of grout (circle one): Type of casing: Casing diameter: inches Casing length: \_ Type of screen: inches Screen diameter: Screen length: 130 ,020 Setting depth: From Screen slot size: Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development Telescoped Other (describe): feet. If telescoped or more than one screen, describe on back of page Top of lap pipe or reduction in casing: \_ 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.

Print Name of Water Well Contractor and License No.

RECEIVED

Signature of Water Wall Contractor

IAN 0 9 2009

BY: OLWR

Well 20/2

## STATE WELL REPORT Part 2

## County: Lamar

Permit #:

**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 #: M-241					
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 Owner Information Well Location Latitude:\_ \_ Longitude:\_ Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS Distance Direction Nearest Town Telephone No. (601) 731-4333 Power Type Pump Type Circle one Circle one Submersible Diesel Engine Gasoline Engine Natural Gas Air Lift Jet Electric Motor Hand Tractor PTO Turbine Bucket Piston Windmill Other (specify): \_ Centrifugal Flowing Well Rotary Horse Power Rating of Motor: \_ Other (specify): \_ 12 Date Pump Installed: \_\_\_ Setting Depth: \_ Gallons Per Minute Number of Stages: \_\_ Rated Pump Capacity: \_ Method of Measuring Water Level **Pump Test Data** Circle one 12130108 Date Well Tested: \_\_\_ Steel Tape Air Line Electric Measuring Line Static Water Level (A): 105 Feet Below Land Surface Other (specify): Pumping Water Level (B): \_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_ GPM with a drawdown of Well yielded \_\_\_ \_\_\_\_\_Gallons Per Minute \_\_\_\_hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours feet after \_\_

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Kayborn Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

JAN 0 9 2009

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
	0	40
Red Clay Gravel White Chalk	40	135
	135	150
Fine Sand		1750
	-	-
		1
	_	-
		<u> </u>

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

	If more than one screen, show location of each or statement of the screen of the scree
Γ	Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may
	Sketch the property layout and include the following: 1) the well location, 2) any permanent observed and in locating the property and the well; 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.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Clear CRK Lost John wilked } cafe }
	Cafe 3
	<u> </u>
	TE STATE OF THE ST
	— \w
	الم من
	Duel 1.5
	ath 1 c
	Dujett 1.5 Lease Rd
	Case 100
	Landowner Name:

Signature	of W	ater W	ell Co	ntractor