

I. H. Bass 162-H

# 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)

County: Ramar  
 Permit #: \_\_\_\_\_  
 Driller: Harry Rayborn  
 Date drilling completed: 4-22-10

For Office Use Only:  
 Aquifer: M 252  
 Well #: \_\_\_\_\_  
 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>Jellus Operating Dp</u>	Latitude: <u>31.04.06</u> Longitude: <u>89.36.16</u>
Mailing Address: <u>602 Crescent Pl</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 100</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ridgeland MS 39157</u>	<u>NE 1/4 NE 1/4 Sec 9 Twn 11N Rng 16W</u>
City State Zip Code	Distance <u>1.5</u> Miles Direction <u>S</u> of Nearest Town <u>Buxterville</u>
Telephone No. <u>(601) 382-4923</u>	

**Well Data**

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

Date well drilling started: 4-22-10 Date well drilling completed: 4-22-10

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

Static Water Level: 55' feet above or below (circle one) land surface Date measured: 4-22-10

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

Hole depth: 135' Well depth: 135' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1020 inches Setting depth: From 115 feet to 135 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.  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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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)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 4-22-10

**For Office Use Only:**

Aquifer: M 252  
 Well #: \_\_\_\_\_  
 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>Jellias Opert Grup</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Crescent Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Suite 100</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ridgeland MS 39157</u>	_____ ¼ _____ ¼ Sec <u>9</u> Twn <u>1N</u> Rng <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1.5</u> Miles <u>S</u> of <u>Baykville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>4-22-10</u>	Setting Depth: <u>105'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-22-10</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>55'</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>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</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 of Pump Installer

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MAY 14 2010

BY: OLWR

