State W	ell Report	For Office Use Only:
	art 1	
Mississiphi Debaranen	t of Environmental Quality	Aquifer:
1 11 11 11 11 11 11 11 11 11 11 11 11 1	nd Water Resources Sox 10631	Well #:
	IS 39289-0631	L. S. Elevation:
	961-5210	
Date drilling completed: (601)35	4-6938 (fax)	E-log #:
	duillow in detail and filed v	vith the Department within
State Law requires that this report be prepared by the	diffici in detail and med	
30 days of completion of drilling of the well. Well Owner Information	· ·	l Location
Owner Name ENERGY DRILLING	Latitude: 31 • 28 · 57	_" Longitude: 90 • 37 · 35 "
Mailing Address:	Method of Lat/Long (circle o	ne): Conventional Survey,
P.O. BOX 905		d GPS, Survey-grade GPS
Natchez M5 39121 City State Zip Code		
Telephone No. (601) $446-5259$	Distance Direction Miles	of W, Lincolw
	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Rich Culture	Other: RIG SUPPLY
Purpose of Well (circle one) Home Industrial Public Supply	imgation Fish Culture	70 17
Date well drilling started: 4-30-12 Date	well drilling completed:	- 30-12
If flowing, method of flow regulation: Valve Other	(describe)	4 70-12
Static Water Level: 120 feet above or below (circle one	land surface Date measured	:_7-30-12_
Method of Measurement (circle one) steel tape electric tap		
Hole depth: 240' Well depth: 240'	Well grouted to a depth of	feetfeet
Type of grout (circle one): Cement Bentonite Mi		DVC
Casing length: 220 feet Casing diameter: 4	inches Type of casing:	PVC
Screen length: 20 feet Screen diameter: 4	inches Type of screen:	210
Screen slot size: 1020 inches Setting depth: From	1 220feet to	<u>240</u> feet
Type of completion (circle all applicable): Gravel packed Unc	lerreamed Telescoped Op	en hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If	telescoped or more than one s	creen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma R	ay Density Sonic Neutron	Other:
Name of organization running log(s):	Janes - tela 11 - mali-al	le requirements of the Mississinni
I certify that the well was drilled, constructed, and completed i	n accordance with all applicat	ne requirements of the mississippi
Department of Environmental Quality and/or the Mississippi I	Department of Health regulation	ons and state laws.
RAYBORN DRILLING, INC. O-60	>	
Print Name of Water Well Contractor and License No.	Signatur	e of Water Well Contractor

MAY 25 2012

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	

Description of Formations Encountered	From	То
Red Sandy Clay	0	90
/	90	180
CHALK	10	100
Silty SAND and Chaik	180	200
MeDIUM SAND	200	240
		1
		+
		
		┼┈┈┤
		+
		+
	-	

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

aid in locating the well; 3' 4) indicate direction.	i i	Hwy 84	1	To Brookhaven
·	liger Rd	Location Loc Rd 300yds	LN RD CONSTRUCTOR West Line School	coln

Signature of Water Well Contractor

RECEIVED

MAY 2 5 2012

BY: OLWR

STATE WELL REPORT

Part 2

Part 2

County: Lincoln

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 #:	KI27	
Elevation:	· · · · · · · · · · · · · · · · · · ·	

Date completed: 4-30-12	(601)961-5210 (601)354-6938 (fax)		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	on	Wel	l Location	
Owner Name: ENERGY I	Owner Name: ENERGY DRILLING		Longitude:	
Mailing Address:) - C	Method of Lat/Long (circle on	ne): Conventional Survey,	
P.O. Box 905		USGS quad, Hand-held GPS, Survey-grade GPS		
NATCHEZ MS 39121		<u>SE 14 SW 14 Sec 17 Twn 6N Rng 6E</u>		
City State	City State Zip Code		Distance Direction Nearest Town	
Telephone No. (601) 446-5259		3 Miles W of WILINCOLN		
Pump Type Circle one			wer Type Circle one	
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	1	(specify):	
Other (specify):		Horse Power Rating of Motor	: <u>5HP</u>	
Date Pump Installed: 4-30-1	2	Setting Depth:	ø8feet	
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	0	
Pump Test Data Date Well Tested: 4-30-1	2_		easuring Water Level Circle one	
Static Water Level (A): 120 Feet		Air Line Electric Me	asuring Line Steel Tape	
Pumping Water Level (B):Feet		Other (specify):		
Drawdown [(B) – (A)]:Feet		For flowing well, measured s	shut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded 60	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):		feet after	hours of pumping	
		<u> </u>		
I HEREBY CERTIFY that the above staten	nents are true to the best	of my knowledge.		
GARY RAYBORN	0-60	7		
Print Name of Pump Installer and License		Signature of Pump	Install RECEIVED	

MAY 25 2012

BY: OLWR