

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)

For Office Use Only:

Aquifer: _____
Well #: E-54
L. S. Elevation: _____
E-log #: _____

County: Marion
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 10-20-2006

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>Circle Bar Ranch</u> | Latitude: <u>31° 17' 43"</u> Longitude: <u>89° 51' 14"</u> |
| Mailing Address: <u>469 Circle Bar Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Foxworth, MS 39483</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec. 21 Twn 4N Rng 12E</u> |
| Telephone No. <u>(601) 731-2308</u> | Distance <u>7</u> Miles Direction <u>NW</u> of Nearest Town <u>Foxworth</u> |

| Well Data | |
|---|------------------------------------|
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>10-20-06</u> Date well drilling completed: <u>10-20-06</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>135</u> feet above or below (circle one) land surface Date measured: <u>10-20-06</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | |
| Hole depth: <u>240'</u> Well depth: <u>240'</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | |
| Casing length: <u>220</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>220</u> feet to <u>240</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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. | |
| <u>RAYBORN DRILLING, INC.</u> <u>0-60</u> | <u>[Signature]</u> |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor |

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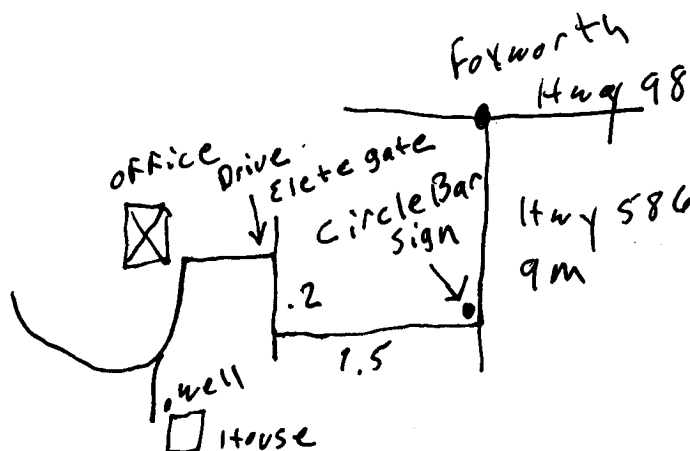
8-54

#2

| From | To |
|------|----|
|------|----|

[illegible]

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: Circle Bar Ranch

Signature of Water Well Contractor

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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
(601)354-6938 (fax)

County: Marion
Permit #: _____
Driller: Gary Rayborn
Date completed: 10-20-2006

For Office Use Only:

Aquifer: _____
Well #: E-54
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>Circle Bar Ranch</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>469 Circle Bar Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Foxworth, MS 39483</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec 21 Twn 4N Rng 12E</u> |
| Telephone No. <u>(601) 731-2308</u> | Distance Direction Nearest Town |
| | <u>7 Miles NW of Foxworth</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>10-21-06</u> | Setting Depth: <u>191</u> feet |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>NO TEST</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>135</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>55</u> GPM with a drawdown of |
| Test Pumping Rate: _____ Gallons Per Minute | _____ 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 my knowledge.

Gary Rayborn 0-60
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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