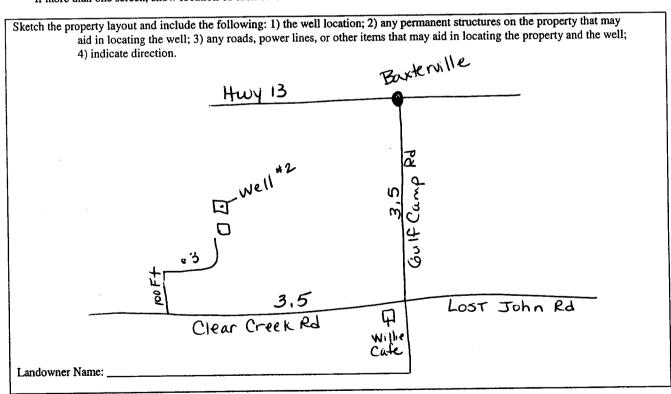
Marion	State Well Report		The Community Contract	
County: Lamar	Pa	art 1	For Office Use Only:	
•	Mississippi Department	of Environmental Quality of Water Resources	Aquifer:	
Permit #:	P.O. B	ox 10631	· '	
Driller: Gary Rayborn		S 39289-0631	L. S. Elevation:	
Date drilling completed: 4-4-08		961-5210 I-6938 (fax)	E-log #:	
		driller in detail and filed v	with the Department within	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the g of the well.			
Well Owner Inform	ation		l Location	
Owner Name Penn-Virgi	nia O+G	Latitude: $31 \circ CA \circ C5$	_" Longitude: 51 • 4 C • 4 1 ."	
Mailing Address: 2550 E. S-	tone Dr	Method of Lat/Long (circle one): Conventional Survey,		
Suite 110		USGS quad, Hand-held GPS, Survey-grade GPS		
Kingsport City S	TN 37760	NW14 NE 14 Sec 11		
<i>y</i>	-			
Telephone No. (60) 444 - 4	339	5 Miles 5w	of Baxterville	
	Well 1	 Data		
D CWAIL (shall and Warns Ye			Other Rig Supply	
•				
Date well drilling started: 4-4-0	•	•	1700	
If flowing, method of flow regulation: V			:1 .1 . C	
Static Water Level: 55 feet a	above or below circle one)	land surface Date measured	4-4-08	
Method of Measurement (circle one)	steel tape electric tape	air line other:		
Hole depth: 180 Well d	epth: <u>180'</u>	Well grouted to a depth of	feet	
Type of grout (circle one): Cement	Bentonite Mix		_	
Casing length: 160 feet Cas	sing diameter:	inches Type of casing:	PVC	
Screen length: 20 feet Sc	reen diameter: 4	inches Type of screen:		
Screen slot size: 1020 inches				
			•	
Type of completion (circle all applicable			n hole Natural Development	
	Other (describe):			
Top of lap pipe or reduction in casing: _	feet If t	elescoped or more than one so	creen, 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, cons				
Department of Environmental Quality	and/or the Mississippi De	partment of Health regulation	ns and state laws.	
RAYBORN DRILLING, INC.	0-6	0	-	
Print Name of Water Well Contractor an	tin the time to th		of Water Well Contractor	

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Ground Level	and Level				
			_		

From	To
0	60
60	110
110	140
140	180
ļ	
_	
 	
	-
	0

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



Signature of Water Well Contractor

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BYOUMP

marion
County: Lamar
Permit #:
Driller: Gary Rayborn Date completed: 4-4-08
Date completed.

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

Date completed: 4-4-08	(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	Well	Location		
Owner Name: Pennlva Oy (3as	Latitude:Longitude:			
Mailing Address: 2550 E, Stone Dr		Method of Lat/Long (circle one): Conventional Survey,			
Suite 110		USGS quad, Hand-held GPS, Survey-grade GPS			
Kingsport TN 37760		1414 Sec Twn /N Rng 17W			
City J State	Zip Code	Distance Direction	Nearest Town		
Telephone No. (601) 444 - 43	339	5 Miles Sw of Baxterville			
Pump Type Circle one			wer Type rcle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well		specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: 4-4-08		Setting Depth:	<u>feet</u>		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:	<u></u>		
Pump Test Data			asuring Water Level		
Date Well Tested: 4-4-08		Ci	rcle one		
Static Water Level (A): <u>55</u> Feet I		Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface		Other (specify):			
		For flowing well masswood sh	ut in head: feet		
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute		For flowing well, measured sh			
	Gallons Per Minute	Won Jionada	_GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping		
I WEDERY GERTINA day day day	4-4-1	f mush manula dan			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Cary Rayborn 0-60 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer					
			-		

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