	State We	ell Report	For Office Use Only:		
County: Smith	Pa	Part 1			
	Mississippi Department of Environmental Quality		Aquifer:		
Permit #:	Office of Land and Water Resources		Well #: \(\tau - 99 \)		
Driller: Gary Rayborn	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:		
Date drilling completed: 12 18 07		961-5210			
Date drilling completed: 1211010		1-6938 (fax)	E-log #:		
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the				
Well Owner Information		Well Location			
Owner Name Leaf River 6	Sas Sty LLC	Latitude:°'	_" Longitude:°"		
Mailing Address: 61 Wilton Rd		Method of Lat/Long (circle one): Conventional Survey,			
			USGS quad, Hand-held GPS, Survey-grade GPS		
		1414 Sec_5			
City St	ate Zip Code	Distance Direction	Nearest Town		
Telephone No. ()_		Miles	of Taylorsville		
	Well I	Data			
Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other: Rig Supply		
Date well drilling started: 12 17	*		·		
If flowing, method of flow regulation: Va	alveOther (d	lescribe)			
Static Water Level: 50 feet a	above of below circle one)				
Method of Measurement (circle one)					
Hole depth: 240' Well d	epth: <u>240'</u>	_ Well grouted to a depth of	/O feet		
Type of grout (circle one): Cement	Bentonite Mix		0.14		
Casing length: 200 feet Cas		inches Type of casing:	PVC		
		inches Type of screen:	PVC		
Screen slot size: 1020 inches	Setting depth: From	200 feet to 2	240 feet		
Type of completion (circle all applicable): Gravel packed Unde	rreamed Telescoped Ope	n hole Natural Development		
	Other (describe):				
Top of lap pipe or reduction in casing:					
Logs run (circle all applicable): No log r	run Electric Gamma Ray	y Density Sonic Neutron	Other:		
Name of organization running log(s):					
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.		

0-60

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor and License No. .

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Signature of Water Well Contractor

JAN 1 0 2008

BY: OLWR

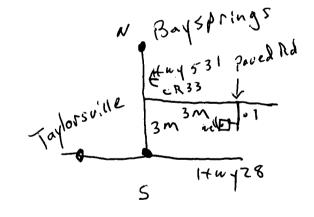
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Sandy Clay	0	90
Clay	90	200
Sand	200	240
		-

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

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:

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

For Office Use Only:			
Aquifer:			
Well #:			

Permit #:	Office of Land a	d Water Resources	Aquiter.				
Driller: <u>Gary Rayborn</u>		ox 10631 S 39289-0631	Well #:	- 94			
,		61-5210					
Date completed:	(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		Well Location					
_		Latitude: Longitude:					
Owner Name: Leaf River Gas Stg LIC							
Mailing Address: 61 Wilton Rd		Method of Lat/Long (circle one): Conventional Survey,					
			USGS quad, Hand-held GPS, Survey-grade GPS				
West-Port CT 06880		4 Sec 5 Twn 10N Rng 13W					
City State	Zip Code	Distance Direction	Nearest Tow	n			
Telephone No. ()	Milesof Taylorsville						
Pump Type Circle one		Power Type Circle one					
Air Lift Jet 🤇	Submersible	Diesel Engine Gasoli	ine Engine	Natural Gas			
Bucket Piston	Turbine (Electric Motor Hand		Tractor PTO			
Centrifugal Rotary	Flowing Well		(specify):	i			
Other (specify):	Other (specify): Horse Power Rating of Motor: 5 HP						
Date Pump Installed: 12 18 07		Setting Depth: 105 feet					
Rated Pump Capacity: 60	_Gallons Per Minute	Number of Stages:		-			
Pump Test Data		Method of Measuring Water Level					
Date Well Tested: 12/18/0-	7		Circle one				
Static Water Level (A): 50 Feet Below Land Surface		Air Line Electric Me	easuring Line	Steel Tape			
		Other (specify):					
Pumping Water Level (B):Feet	Below Land Surface						
Drawdown [(B) - (A)]:Fee	For flowing well, measured	shut in head:	feet				
Test Pumping Rate: 60	Well yielded 60 GPM with a drawdown of						
Duration of Pump Test (minimum 4 hours)	feet afterhours of pumping						
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	Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer						

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JAN 1 0 2008

BY: OLWR