

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: N 48
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Warren
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 12/22/09

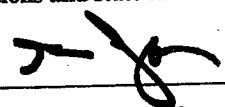
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Christopher Barnett</u>	Latitude: <u>32.13.44</u> Longitude: <u>90.47.34</u>
Mailing Address: _____ <u>1447 Parkside Dr</u> <u>Vicksburg MS 39180</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>34</u> Twn <u>15N</u> Rng <u>4E</u>
Telephone No. <u>(601) 415-1752</u>	Distance <u>10</u> Miles <u>S/SE</u> Direction of <u>Vicksburg</u> Nearest Town

Well Data	
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>12/21/09</u> Date well drilling completed: <u>12/22/09</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>110</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>12/22/09</u>
Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape air line other: _____	Hole depth: <u>175'</u> Well depth: <u>175'</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one) <input checked="" type="checkbox"/> Cement Bentonite Mix	Casing length: <u>155</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>155</u> feet to <u>175</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> 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): <input checked="" type="checkbox"/> 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.

Print Name of Water Well Contractor and License No. 0-60


Signature of Water Well Contractor

RECEIVED

JAN 14 2010

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)

For Office Use Only:

Aquifer: N 48
 Well #: _____
 Elevation: _____

County: Warren
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 12/22/09

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>Christopher Barnett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1447 Parkside Dr</u> <u>Vicksburg MS 39180</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>15N</u> Rng <u>4E</u>
Telephone No. <u>(601) 415-1752</u>	Distance Direction Nearest Town <u>10</u> Miles <u>S/SE</u> of <u>Vicksburg</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 Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1-HP</u>
Date Pump Installed: <u>12/22/09</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/22/09</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>110</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>10</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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

RECEIVED

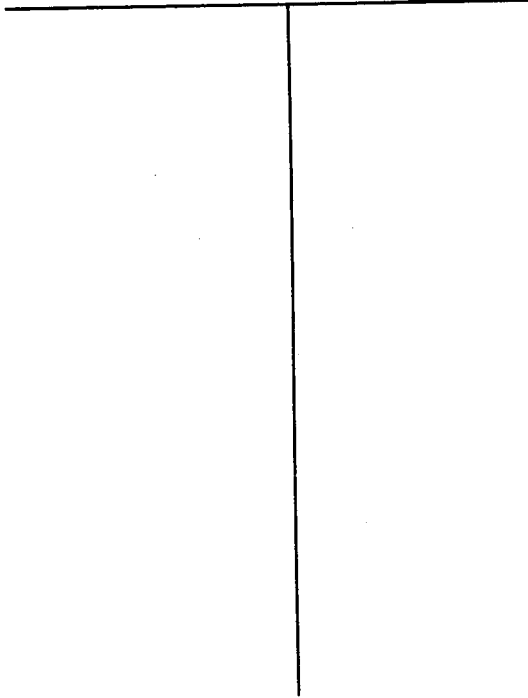
JAN 14 2010

BY: OLWR

N48

If well telescopes please sketch below and show depths.

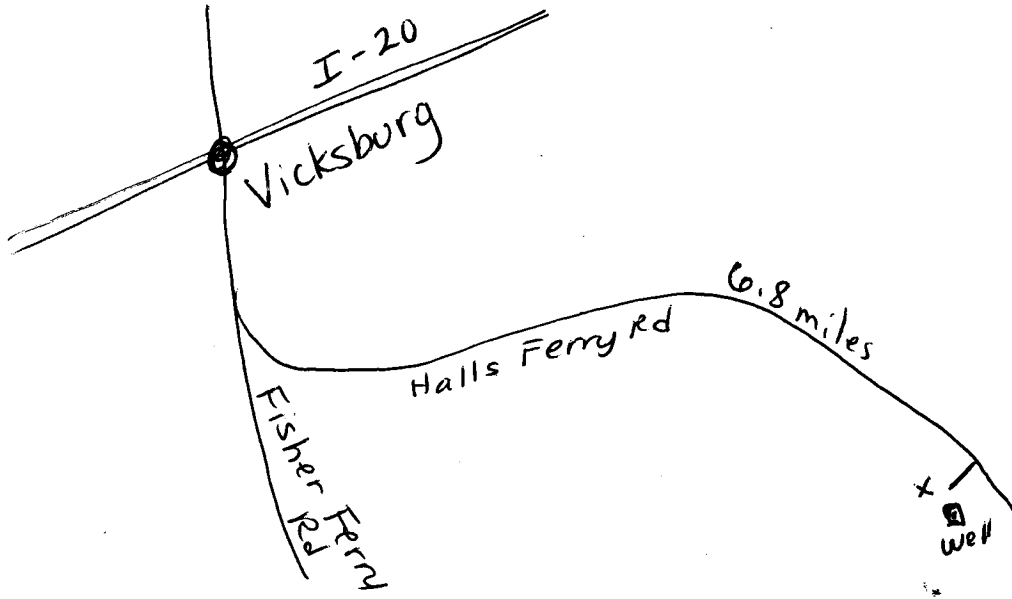
Ground Level



Description of Formations Encountered	From	To
CHALK	0	20
CLAY GRAVEL	20	80
CHALK	80	155
SAND	155	180

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

RECEIVED
JAN 9 2008
BY: OLWR