| | STATE WELL REPORT | |
|--|---|--|
| county: Wilkinson | Part 1 | For Office Use Only: |
| Permit #: | Driller's Log | Well #: <u>B63</u> |
| Driller: Gay Rayborn | Mississippi Department of Environmental Quality Office of Land and Water Resources | Aquifer: |
| Date drilling completed: $\frac{(\omega - 17 - 13)}{(\omega - 13)}$ | P.O. Box 2309 Jackson, MS 39225-2309 | E-Log #: |
| Date of itting completed. | (601)961-5210 | |
| | (601)360-0535 (fax) | |
| State Law requires that this report Department at the above address w | be prepared by the license holder responsible for the pitchin 30 days of completion of drilling of the well | he work and filed with the or borehole. |
| Well Owner Informat | ion Well or Bore | ehole Location |
| (Landowner if borehole is not for | Latitude: 31° 18' 19" Lo | ngitude: $91^{\circ}21'3''\omega$ |
| Owner Name: Roy Breau | ' litable de la tellance (aback and | le Earth e): Conventional Survey, |
| Mailing Address: P.O. Box (| USGS quad, Hand-held G | |
| | | 25 T 4N R 2W |
| Loreauville LA | 1000 | |
| City State | Zip Code 3/4 Miles E | of DO (Orosso (Nearest Town) |
| Telephone No. () | (Distance) (Direction) | (Nearest Town) |
| . 1 1 | Well / Borehole Data | ال |
| Date drilling started: 6 11 3 Date | drilling completed: 6 17 13 Hole depth: 24 | 15 Hole diameter: 4 |
| 1 | water used for drilling: | l. |
| Method of dosing and volume of Chlori | ne used in drilling and development: | |
| Logs run (circle all applicable) No log r | run Electric Gamma Ray Density Sonic Neutr | on Other: |
| Name of organization running log(s): _ | | |
| Purpose of borehole (circle one): Water | r Wèll Geotechnical/Geological Investigation | Ground Source Heat Pump |
| Seisn | nic Survey Other (describe) | RECF |
| If drilling is not rel | lated to water well construction, skip the remainde | r of this block |
| Purpose of Well (circle all applicable): | Home Industrial Public Supply Irrigation | Fish Culture JUN 2 |
| Other (describe): | 1 | BY O |
| • | lation: Valve Other (describe) | |
| Static Water Level: 220 fee | t [above or below] land surface Date measure | d: <u>6 17 13</u> |
| Method of measurement (circle one): | Steel tape Electric tape Air line Other (describe |): |
| Well depth: 245 Well grouted to a | a depth of: 10 feet Type of grout (circle one) | |
| Casing length: 225 feet C | <u> </u> | casing: PUC |
| Screen length: 20 feet | Screen diameter: 4 inches Type of | f screen: PVC |
| Screen slot size: • O 1 Oinches | Setting depth: From 225 feet | to 245 feet |
| Type of completion (circle all applicab | le: Gravel packed Underreamed Open hole | Natural Development |

If telescoped or more than one screen, describe on next page

Other (describe):_____

Top of lap pipe or reduction in casing: _____feet

Form: OLWR-SWR-1A (4/13)

| County: Wilkinson | | • | r Office Use | Only: | | |
|--|--|---|------------------------------------|---------------------|--|--|
| Permit #: | | Well #: _ | <u>1363</u> | | | |
| The sketch below only required for water wells If well telescopes, show depths on sketch. | Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations | | | | | |
| Ground Level | Description of Format | ions Encountered | From (depth) Ground level | To (depth) | | |
| | Medium | Sand | 180 | 180 245 | | |
| | | | | | | |
| | | | | | | |
| RECEIVED | | | | | | |
| JUN 2 7 2013 | | | | | | |
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| BY: OLWA | | | | | | |
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| | | | | | | |
| If more than one screen, show location of each on sketch | <u></u> | | | | | |
| Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may at 3) any roads, power lines, or other items that may aid in 4) north arrow | id in locating the well locating the property and locating the propert | the well | Rd | | | |
| Landowner Name: | | · · · · · · · · · · · · · · · · · · · | | | | |
| I HEREBY CERTIFY that the well/borehole was drilled, or requirements of the Mississippi Department of Environment if applicable, and state laws. | constructed, and complonental Quality and the <i>I</i> | eted in accordance Mississippi Departm | with all applications of Health re | ible egulations, | | |
| RAYBORN DRILLING, INC. $00-60$ | 6/25/13 | 7 | -/0- | 、 | | |
| Print Name of Responsible Licensee and License No. | Date | Signature | of Licensee Form: OLWR-S | WP-14 /4/42 | | |

STATE WELL REPORT

Permit #: Driller: Gan Rayborn Date completed: 10 17 13 Copy information from block on Part 1

Meter Model Number/Name: ____

Installation Date: _____

Is This Meter (circle one): New Repaired

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

| For Office Use Only: | | | | |
|----------------------|--|--|--|--|
| Well #: <u>B63</u> | | | | |
| Aquifer: | | | | |

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. · Well Location Well Owner Information Latitude: 31°18'19"N Longitude: 91° 21'3' W Owner Name:_ Mailing Address: Method of Lat/Long (check one): Conventional Survey___ USGS quad_____, Hand-held GPS_____, Survey-grade GPS_ Dolorosso (Nearest Town) Telephone No. (Pump Type (circle one) Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Rated Pump Capacity: _____ _____Gallons Per Minute Date Pump Installed: Is This Pump (circle one): (New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: 5H 240 Setting Depth: _feet Number of Stages: Pump Test Data for Non Flowing Well Date Well Tested: _ Duration of Pump Test (minimum 4 hours): _____ hours Static Water Level (A): 220 Feet Below Land Surface ____ Feet Below Land Surface Pumping Water Level (B): ___ Drawdown [(B) - (A)]: ______Feet Below Land Surface ____ Gallons Per Minute Test Pumping Rate: Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):_ Pump Test Data for Flowing Well Measured shut in head: _____feet. hours of pumping Well yielded _ ____GPM with a drawdown of __ ___ feet after ___ Meter Installation Meter Serial Number: Meter Manufacturer: _____

| | Important: By submitting the above inform For agricultural w | ation you are cert ells, a list of appr | tifying that this meter w oved meters is on the M | as installed to manufacturer DEQ website. | standar | ds. |
|---|---|--|--|--|----------|--|
| | | | | | DVe. | |
| I | I HEREBY CERTIFY that the above statements | s are true to the | best of my knowledge. | _ | 3md 8 x | The state of the s |
| | rayborn drilling, inc. | 00-60 | 625/13 | 7-10 | | |
| I | Print Name of Pump Installer and License No | . (if applicable) | Date | Signature of Pone Install | er | |
| ı | | ··· | | E 01.110 | CILID AF | |

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____

Meter installed by: ___

Replacement

____ Type of Meter:_____

Form: OLWR-SWR-1B (4/13)