county: Wilkinson
Permit #:
Driller: Gary Rayborn
Driller: Gary Rayborn Date drilling completed: 2513

Well Owner Information

STATE WELL REPORT

Part 1

Driller's LogMississippi 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 O	ffice Use Only:
Well #: _	B 64
Aquifer: _	
E-Log #: _	

Well or Borehole Location

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

(Landowner if borehole is not for a water well)	Latitude: 31. 26150 Longitude: 91.29327°			
Owner Name: Kevin Wilson	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: P.O.Box 214	USGS quad, Hand-held GPS, Survey-grade GPS			
Chl 116 301/F	Sic 4 SE 4, Sec 45 T 4N R 2W			
Sibley MS 39165 City State Zip Code				
Telephone No. (601) 431 -0251	5.2 Miles SE of Dolorosso (Distance) (Direction) (Nearest Town)			
Well / Bo Date drilling started: 12 5 13 Date drilling completed:	prehole Data 12 5 13 Hole depth: Hole diameter: 4"			
Location of the source of any surface water used for drilling	g:			
Method of dosing and volume of Chlorine used in drilling ar	nd development:			
Logs run (circle all applicable): No log run Electric Gamm	na Ray Density Sonic Neutron Other:			
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechnic	cal/Geological Investigation Ground Source Heat Pump			
Seismic Survey Other (describe)			
If drilling is not related to water well co	onstruction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture			
Other (describe):				
If a flowing well, method of flow regulation: Valve				
Static Water Level: 160 feet [above or below (circle one)	land surface Date measured: 12-5-2013			
Method of measurement (circle one): Steel tape Electric t	ape Air line Other (describe):			
Well depth: <u>280</u> Well grouted to a depth of: <u>10</u> for	eet Type of grout (circle one) Neat Cement Bentonite Mix			
Casing length:feet Casing diameter:inches Type of casing:				
•	inches Type of screen:			
Screen slot size: • 010 inches Setting depth:	From 260 feet to 280 feet			
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development しょうしょう			
Other (describe):	CAN U D CC 5.			
Top of lap pipe or reduction in casing:feet				
If telescoped or more than o	one screen, describe on next page Form: OLWR-SWR-1A (4/13)			

County:Permit #:		For Office Use Only: Well #:らら4			
	equired for water wells	Description of formations enc and boreholes, unless specific	countered i	must be provide oted by regulati	ed for all wells
If well telescopes, show	<u>depths on sketch</u> .	Description of Formations Encour			
Ground Level		Chall	nterea	From (depth) Ground level	To (depth)
		CANA		250	250
		SHID		$\alpha 50$	980
					
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	·				
If more than one screen, sho	w location of each on sketch			<u> </u>	
Sketch the property layout ar 1) the well location	nd include the following:				
2) any permanent structi	res on the property that may a	aid in locating the well		, Rd	
3) any roads, power lines4) north arrow	· or othor it	o locating the property and the well	timo	h Rd	
4) north arrow	Tolors)w.		
	Dolla	- 11 01 /			
		Smith Rd			
	-4				
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andowner Name:		ω.			
					
neneot century that the equirements of the Mississ	well/porenole was drilled, of Environment of Environment of	constructed, and completed in acmental Quality and the Mississippi	cordance	with all applica	ble
applicable, and state law	ippi bepartinent of Lifelioni.	nemat quality and the mississippi	vepartme	ent or Health re	gulations,
RAYCORN DOLL !	NG. 180. 2/-	1 1.		\ .	
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rint Name of Responsible I	Licensee and License No.		ignature c	f Licensee	
				Form: OLWR-S	WP-1A (4/13)

STATE WELL REPORT

County: Wilkinson Permit #: _____ Driller: Gany Ray Dorn Date completed: 12513

Copy information from block on Part 1

Part 2 ler's Completion Report

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>1364</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 Owner Information

Well Location

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

Latitude: 31,26150° Longitude: 91,29327°

Mailing Address: P.O. Box 214 Method of Lat/Long (check one): Conventional Survey,					
USGS quad, Hand-held GPS, Survey-grade GPS					
·					
City State Zip Code 5.2 Miles F of Dolorosso					
Telephone No. (601) 431 - 0251 (Distance) (Direction) (Nearest Town)					
Pump Type (circle one)					
Submersible Turbine Air Lift , Centrifugal Flowing Well Jet Piston Rotary Other (describe):					
Date Pump Installed: 1252013 Rated Pump Capacity: 10 Gallons Per Minute					
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: Setting Depth:feet Number of Stages:					
Pump Test Data for Non Flowing Well					
Date Well Tested: 12513 Duration of Pump Test (minimum 4 hours): hours					
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Pump Test Data for Flowing Well					
Measured shut in head:feet.					
Well yieldedGPM with a drawdown offeet afterhours of pumping					
Meter Installation					
Meter Manufacturer: Meter Serial Number:					
Meter Model Number/Name: Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.					

I HEREBY CERTIFY that the above statements	are true to the	best of my knowledg	ge.
rancing cruzing, NO.	0-60	12/20/13	7-1
Print Name of Pump Installer and License No.	(if applicable)	Date	Signature of Puno Installer

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