

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: G 33
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Wilkinson
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 9-13-10

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>Michael Wise</u> | Latitude: <u>31.15.11</u> " Longitude: <u>91.16.26</u> " |
| Mailing Address: <u>403 Woodburn Lane</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Berwick La 70342</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 1 Twn 3N Rng 2W</u> |
| Telephone No. (<u>985</u>) <u>714-1568</u> | Distance Direction Nearest Town <u>10</u> Miles <u>NINE</u> of <u>Woodville</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9-11-10 Date well drilling completed: 9-13-10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 175 feet above of below (circle one) land surface Date measured: 9-13-10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 310' Well depth: 310' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1010 inches Setting depth: From 290 feet to 310 feet
Type of completion (circle all applicable): 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): 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.

RAYBORN DRILLING, INC.

0-60

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

OCT 13 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)

County: Wilkinson
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 9-13-10

For Office Use Only:

Aquifer: _____
 Well #: _____
 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 |
|--|---|
| Owner Name: <u>Michael Wise</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>403 Woodburn Lane</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Berwick La 70342</u> City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>3N</u> Rng <u>2W</u> |
| Telephone No. <u>985 714-1568</u> | Distance Direction Nearest Town <u>10</u> Miles <u>N/NE</u> of <u>Woodville</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2 HP</u> |
| Date Pump Installed: <u>9-13-10</u> | Setting Depth: <u>210</u> feet |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>9-13-10</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>175</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>20</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>20</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]
 Signature of Pump Installer

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 OCT 13 2010
 BY: OIWR