

STATE WELL REPORT

Part 1

Driller's Log

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

BY: OLWR

County: WILKINSON
Permit #:
Driller: Gary Rayborn
Date drilling completed: 9/24/15

Well #: G36
Aquifer:
E-Log #:

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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Jason Cavin
Mailing Address: 1110 Carter Loop, Woodville MS 39669
Telephone No. (601) 888-0254
Well or Borehole Location: 31 13 51 N 91 18 39 W
Latitude: 31.231 Longitude: 91.311
Method of Lat/Long (check one): Conventional Survey
USGS quad: Skw 1/4 SE 1/4, Sec 22 T 3N R 2W
10 Miles N of Woodville

Well / Borehole Data
Date drilling started: 9/24/15 Date drilling completed: 9/24/15 Hole depth: 220' Hole diameter: 4"
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run
Purpose of borehole (circle one): Water Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): to fill water troughs for cattle
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 30 feet [above or below] land surface Date measured: 9/24/15
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe)
Well depth: 220' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 180 feet to 220 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet
If telescoped or more than one screen, describe on next page

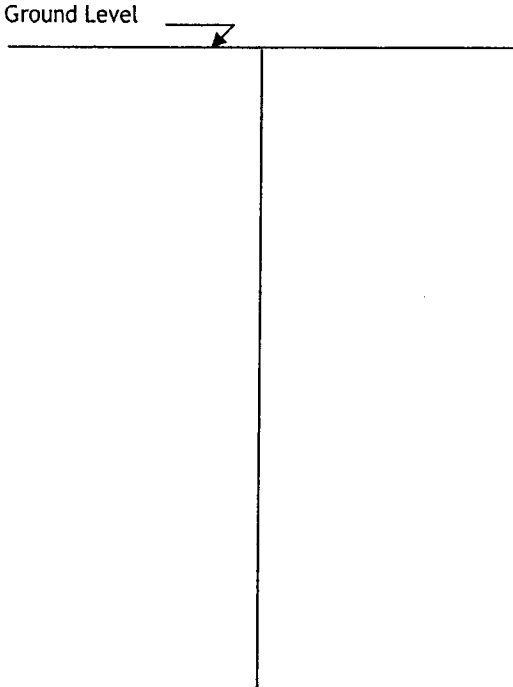
County: Wilkinson
 Permit #: _____

For Office Use Only:
 Well #: G

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

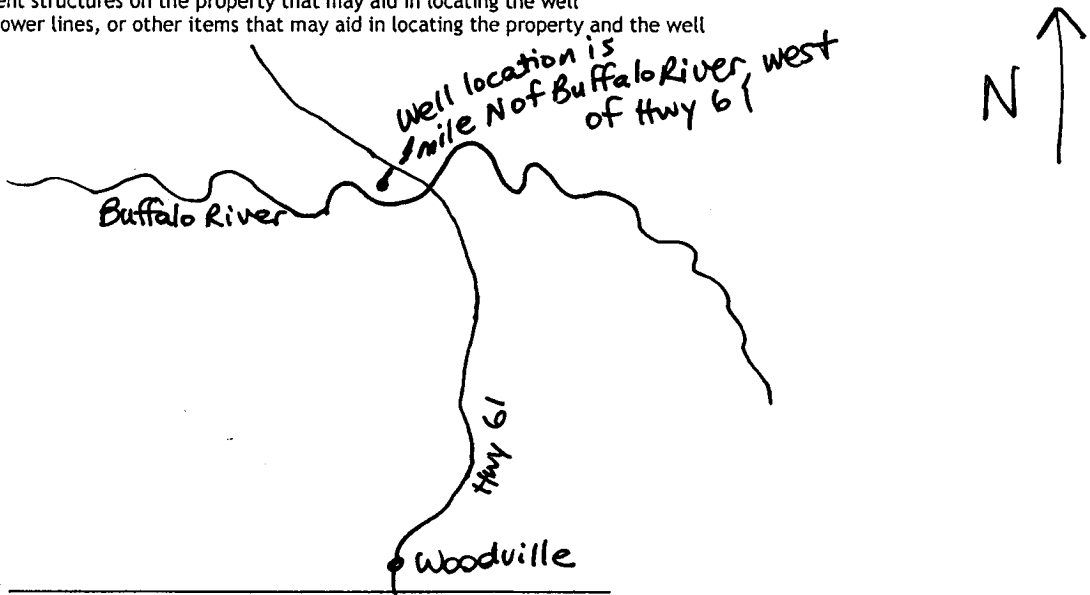


Description of Formations Encountered	From (depth)	To (depth)
Chalk	Ground level	20
Fine Sand	20	35
Chalk	35	45
Coarse Sand	45	55
Chalk	55	170
Sand	170	220

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) north arrow



Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rayborn Drilling Inc. 0-60 9/25/15 _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

BY: OLWR

County: Wilkinson
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 9/24/15
Copy information from block on Part 1

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 #: G34
 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
Owner Name: <u>Jason Cavin</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>1110 Carter Loop</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Woodville</u> <u>MS</u> <u>39669</u>	_____ 1/4 _____ 1/4, Sec <u>22</u> T <u>3N</u> R <u>2W</u>
City State Zip Code	<u>10</u> Miles <u>N</u> of <u>Woodville</u>
Telephone No. <u>(601) 888-0254</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9/24/15 Rated Pump Capacity: 20 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: 1 Setting Depth: 130 feet Number of Stages: 9

Pump Test Data for Non Flowing Well
 Date Well Tested: 9/24/15 Duration of Pump Test (minimum 4 hours): — hours
 Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): — Feet Below Land Surface
 Drawdown [(B) - (A)]: — Feet Below Land Surface Test Pumping Rate: 20 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 yielded _____ GPM with a drawdown of _____ feet after _____ hours 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 knowledge.

Rayborn Drilling Inc. 0-60 9/25/15
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer