

# 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: M33  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 4-28-10

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>Brian Scott</u>	Latitude: <u>31.08.52</u> Longitude: <u>91.18.40</u>
Mailing Address: <u>4215 N. Major Dr</u> <u>Apt 419</u> <u>Beaumont TX 77713</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 10 Twn 2N Rng 2W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3.5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Woodville</u>
Telephone No.: <u>225 803 - 6594</u>	

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-28-10 Date well drilling completed: 4-28-10

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 40'

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 85' Well depth: 85' Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 65 feet to 85 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]  
Signature of Water Well Contractor

EX-1049



# 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)

133  
 For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 4-28-10

**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>Brian Scott</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4215 N. Major Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Apt 419</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Beaumont TX 77713</u>	_____ 1/4 _____ 1/4 Sec. <u>10</u> Twp. <u>2N</u> Rng. <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(225) 803-6594</u>	<u>3.5</u> Miles <u>N</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 Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1-HP</u>
Date Pump Installed: <u>4-28-10</u>	Setting Depth: <u>60'</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>4-28-10</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</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
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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

EX-100  
 2010-04-28  
 2010-04-28