

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: _____
Well #: M 37
L. S. Elevation: _____
E-log #: _____

County: Wilkinson
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 10/13/11

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>Parkerson Laws</u> | Latitude: <u>31° 07' 17"</u> Longitude: <u>91° 20' 58"</u> |
| Mailing Address: <u>13197 Patin Dykerd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad; Hand-held GPS, Survey-grade GPS |
| <u>Ventress La 70783</u> City State Zip Code | <u>1R 1/4 1R 1/4 Sec 41 Twn 2N Rng 2W</u> |
| Telephone No. (<u>225</u>) <u>485-7139</u> | Distance <u>2.9</u> Miles Direction <u>W/NW</u> of Nearest Town <u>Woodville</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10/12/11 Date well drilling completed: 10/13/11
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 110 feet above or below (circle one) land surface Date measured: 10/13/11
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 160' Well depth: 156' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 136 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 136 feet to 156 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

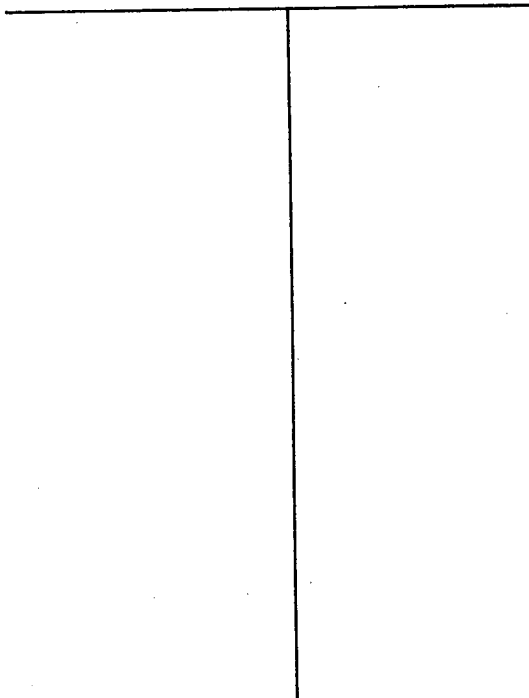
[Signature]
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BY: OLWR

If well telescopes please sketch below and show depths.

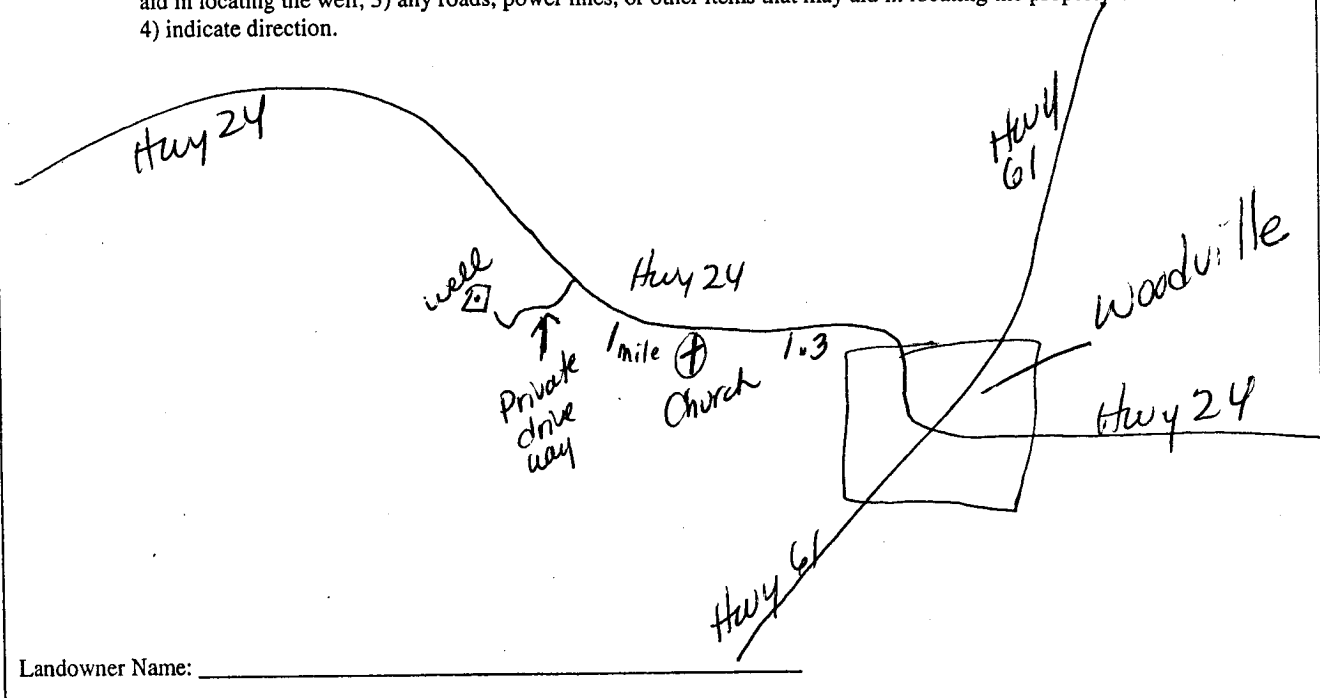
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CHALK | 0 | 15 |
| RED CLAY | 15 | 40 |
| GRAVEL | 40 | 80 |
| FINE SAND | 80 | 110 |
| MED SAND | 110 | 156 |
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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) indicate direction.



Landowner Name: _____

[Handwritten Signature]

Signature of Water Well Contractor

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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: 10-13-2011

For Office Use Only:

Aquifer: _____
 Well #: M 37
 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>Parkerson Laws</u> | Latitude: <u>31-07-17</u> Longitude: <u>91-20-58</u> |
| Mailing Address: <u>13197 Patin Dyke Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Ventress, La 70783</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1R 1/4 1R 1/4 Sec 41 Twn 2N Rng 2W</u> |
| Telephone No. <u>(225) 485-7139</u> | Distance Direction Nearest Town |
| | <u>2.9 Miles W/NW of Woodville</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5 HP</u> |
| Date Pump Installed: <u>10/24/11</u> | Setting Depth: <u>147</u> feet |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>110</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>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>60</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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BY: OLWR