Hickory Hills 10-H #1

	\neg State W	ell Report	
10/11/2000		art 1	For Office Use Only:
County: W. Kinson	Mississippi Department	of Environmental Quality	Aquifer:
Permit #:	Office of Land at	nd Water Resources	Well#: <u>S63</u>
Driller: Gary Rayborn		ox 10631	L. S. Elevation:
' (12)2.11		S 39289-0631 961-5210	
Date drilling completed:		1-6938 (fax)	E-log #:
State Law requires that this re	oort be prepared by the	driller in detail and filed w	vith the Department within
30 days of completion of drillin	g of the well.		l Location
Well Owner Inform	nation		
Owner Name FNCANA		Latitude: 31 ° 63 ' 38	_" Longitude: 91 ° 14 '44 "
Mailing Address: 14001 Dalla	25 Pkwy#1100	Method of Lat/Long (circle o	
			d GPS, Survey-grade GPS
Dallas T	X 75240-4362 State Zip Code	IR 14 IR 14 Sec / C	Twn N Rng W
City	State Zip Code	Distance Direction	of Woody, 11e
Telephone No. (214) 987 -	.1100	4.3 Miles 5E	of Woody, 11e
	Well	L Data	
	ndustrial Public Supply	Irrigation Fish Culture	Other: Ria Supply
Date well drilling started: $9-3$	•		<u>- a a 11</u>
If flowing, method of flow regulation: \	ValveOther (c	describe)	0.00
Static Water Level: 95 feet	above on below (circle one)	land surface Date measured	4-29-11
Method of Measurement (circle one)	steel tape electric tape		
Hole depth: 140 Well	depth: <u>140'</u>	_ Well grouted to a depth of	feet
Type of grout (circle one): Cement	Bentonite Mix		0.10
Casing length: 120 feet Ca	asing diameter:	inches Type of casing:	PVC
	3.1	inches Manager	PVC
	Croon diameter.		1110
Screen slot size: 1020 inche	es Setting depth: From	120feet to	140 feet
Type of completion (circle all applicabl	e): Gravel packed Unde	erreamed Telescoped Ope	en hole Natural Development
•			•
Top of lap pipe or reduction in casing:	feet If (telescoped or more than one s	creen, describe on back of page
Logs run (circle all applicable): No log	run Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):	tt.d. and annulated in	accordance with all applicab	le requirements of the Mississinni
I certify that the well was drilled, con Department of Environmental Qualit			
_	~ /		- \
RAYBORN DRILLING, IN	IC. 0-60		The state of the s
Print Name of Water Well Contractor a	and License No.	Signature	of Water Well Contractor

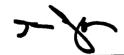
If well telescopes please sketch below and show depths.

Ground Level	

Description of Formations Encountered	From	To
chalk	0	20
•	20	80
Red Clay Gravel Sand + Clay streaks	80	120
MEDIUM SAND	110	140
		ļ
		
		-

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 and the well:
Sketch the property layout and include the following: 1) the well location, 2) any permanent detection and include the following: 1) the well location, 2) any permanent detection and the well; aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and in
4) indicate direction.
wend vite
tovil/
they 24
1149 24
Englater.
Dipaker well
Duraker Well
Bowling 3 poul Rd
S Centres Loc Rd
So Con Rd Loc Rd
$\frac{1}{2}$
\mathcal{L}
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Landowner Name:



Signature of Water Well Contractor

RECEIVED

AND ONE

Hickory Hills 10-H #1 Part 2 Pump Installer's Completion Report Office of Land and Water Resources

For flowing well, measured shut in head: _____feet

GPM with a drawdown of

feet after _____hours of pumping

County: Wilkinson
Permit #:
Driller: 60ry Pay 1011
Date completed: 11-5-11

Pumping Water Level (B): ___

Dans Test (minimum A hours)

Drawdown [(B) - (A)]: ___

Test Pumping Rate: ___

Mississippi Department of Environmental Quality P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #: 563 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 Location Well Owner Information _ Longitude: Owner Name: Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS Nearest Town Direction Distance Telephone No. (21 Power Type Pump Type Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Jet Air Lift Tractor PTO Electric Motor Hand Turbine Piston Bucket Other (specify): Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: Other (specify): _ Setting Depth: Date Pump Installed: Number of Stages: _ Gallons Per Minute Rated Pump Capacity: _ Method of Measuring Water Level **Pump Test Data** Circle one Date Well Tested: _ Steel Tape Electric Measuring Line Air Line Feet Below Land Surface Static Water Level (A): _ Other (specify):

Duration of Pullip Test (Illimitation 4 Hours).	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. O-60 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	REGENCE JOV 1.5. 2011

Well yielded

Feet Below Land Surface

Feet Below Land Surface

Gallons Per Minute

hours