

# 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:

Well #: D102  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Adams  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 10/11/13

*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)	Well or Borehole Location
Owner Name: <u>KFG Petroleum</u>	Latitude: <u>31°32'22"</u> Longitude: <u>91°16'42"</u>
Mailing Address: <u>118 Lower Woodville Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Natchez</u> <u>MS</u> <u>39120</u>	<u>12</u> 1/4 <u>12</u> 1/4, Sec <u>17</u> T <u>7N</u> R <u>2W</u>
City State Zip Code	<u>7</u> Miles <u>SE</u> of <u>Natchez</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10/11/13</u> Date drilling completed: <u>10/11/13</u> Hole depth: <u>115</u> Hole diameter: <u>4"</u>
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): <u>Rig Supply</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>70</u> feet [above or below] land surface Date measured: <u>10/11/13</u> (circle one)
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____
Well depth: <u>115'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix
Casing length: <u>95</u> feet Casing diameter: <u>4</u> inches Type of casing: _____
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: _____
Screen slot size: <u>.020</u> inches Setting depth: From <u>95</u> feet to <u>115</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>



# STATE WELL REPORT

## Part 2

**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 #: D102  
Aquifer: \_\_\_\_\_

County: Adams  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date completed: 10/11/13  
Copy information from block on Part 1

*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>KFG Petroleum</u>		Latitude: <u>31° 32' 22"</u>	Longitude: <u>91° 16' 42"</u>
Mailing Address: <u>118 Lwr Woodville Rd</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
<u>Natchez</u> <u>MS</u> <u>39120</u>		_____ City State Zip Code	
Telephone No. ( ) _____		_____ Miles (Distance) <u>SE</u> (Direction) of <u>Natchez</u> (Nearest Town)	

**Pump Type (circle one)**  
☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
 Date Pump Installed: 10/11/13 Rated Pump Capacity: 60 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: 5 HP Setting Depth: 105 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 10/11/13 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 60 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.

RECEIVED

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

RAYBORN DRILLING, INC.

Print Name of Pump Installer and License No. (if applicable) 0-60

Date 10/28/13

Signature of Pump Installer [Signature]

Form OLWR-SWR-1B (4/13)