

# 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: G50  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Adams  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 1/4/2010

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>Todd Shaffett</u>	Latitude: <u>31.27.38</u> Longitude: <u>91.18.21</u>
Mailing Address: _____ <u>8406 Brittany Rd</u> <u>Sorrento La 70778</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1R 1/4 IR 1/4 Sec 44 Twn 6N Rng 2W</u>
Telephone No. ( <u>985</u> ) <u>513-8054</u>	Distance Direction Nearest Town <u>8</u> Miles <u>S</u> of <u>Natchez</u>

**Well Data**

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

Date well drilling started: 1/4/10 Date well drilling completed: 1/4/10

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

Static Water Level: 150' feet above or  below (circle one) land surface Date measured: 1-4-2010

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

Hole depth: 210' Well depth: 210' Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 190 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 190 feet to 210 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.

Print Name of Water Well Contractor and License No. 0-60 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)

### For Office Use Only:

Aquifer: 650  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Adams  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date completed: 1-4-2010

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>Todd Shaffet</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8406 Brittany Rd</u> <u>Sorrento, La 70778</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>44</u> Twn <u>6N</u> Rng <u>2W</u>
Telephone No. <u>985 513-8054</u>	Distance Direction Nearest Town <u>8</u> Miles <u>S</u> of <u>Ntz</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1-HP</u>
Date Pump Installed: <u>1-4-2010</u>	Setting Depth: <u>190'</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>1-4-10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>150</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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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JAN 14 2010

BY: OLWR

