

# 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 #: G 59  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date drilling completed: 6/4/19

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Gene Williams</u>	Latitude: <u>31°30'15"N</u> Longitude: <u>91°17'10"W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>60 Meadowridge Rd.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Natchez MS 39120</u>	<u>1R</u> ¼ <u>1R</u> ¼, Sec <u>22</u> T <u>6N</u> R <u>2W</u>
City State Zip Code	<u>5</u> Miles <u>SE</u> of <u>Natchez</u>
Telephone No. <u>(601) 431-6009</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6/3/19 Date drilling completed: 6/4/19 Hole depth: 160' Hole diameter: 4"

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): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  
 Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): Livestock

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

Static Water Level: 80 feet [above or below and surface Date measured: 6/4/19  
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 160' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 130 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

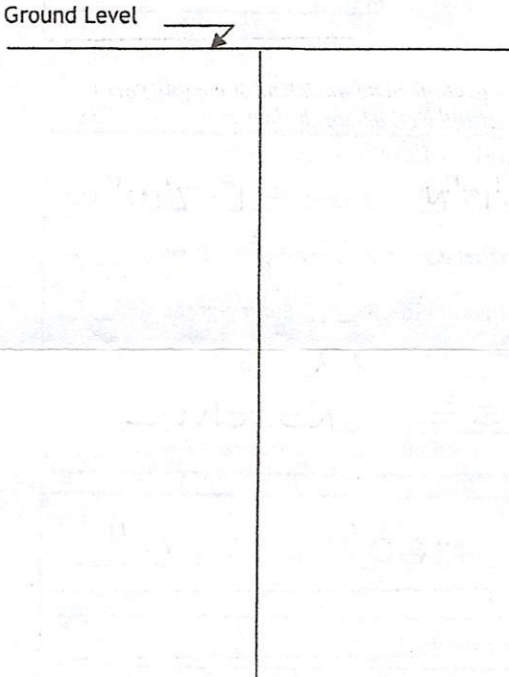
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 BY OLWR

County: Adams  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: 659

The sketch below only required for water wells

If well telescopes, show depths on sketch.

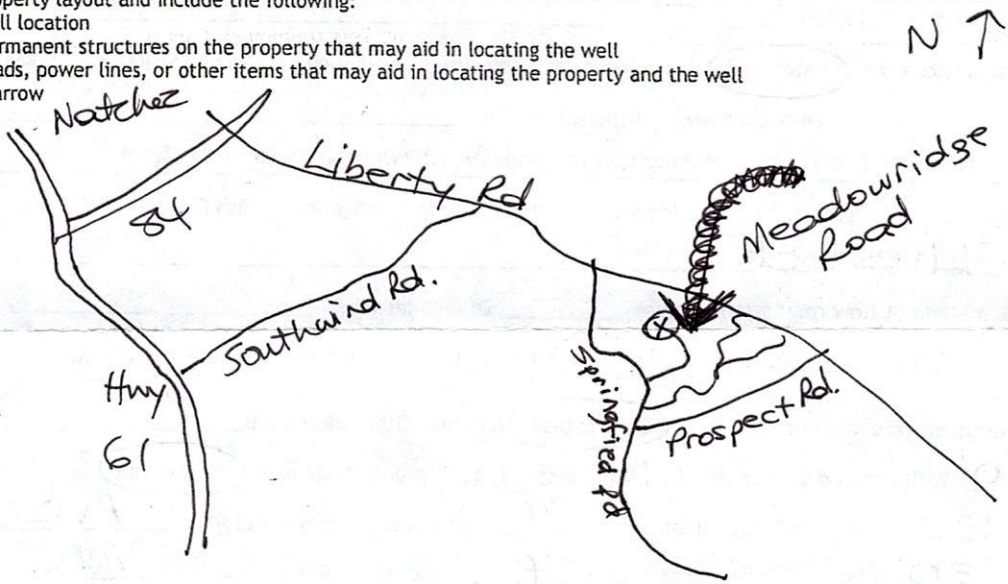


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Chalk	Ground level	30
Red clay gravel	30	100
Sand	100	160

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) north arrow



Landowner Name: Gene Williams

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rayborn Drilling Inc. 0-60 6-6-19  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 Signature of Licensee

# 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 #: 659  
 Aquifer: \_\_\_\_\_

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: Sony Rayborn  
 Date completed: 6/4/19  
*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>Gene Williams</u>	Latitude: <u>31°30'15" N</u> Longitude: <u>91°17'10" W</u>
Mailing Address: _____ <u>60 Meadowridge Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Natchez</u> <u>MS</u> <u>39120</u>	_____ ¼ _____ ¼, Sec <u>22</u> T <u>6N</u> R <u>2W</u>
City State Zip Code	<u>5</u> Miles <u>SE</u> of <u>Natchez</u>
Telephone No. <u>(601) 431-6009</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible 
  Turbine 
  Air Lift 
  Centrifugal 
  Flowing Well 
  Jet 
  Piston 
  Rotary 
  Other (describe): \_\_\_\_\_

Date Pump Installed: 6/4/19 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric 
  Diesel 
  Gasoline 
  Natural Gas 
  Tractor PTO 
  Windmill 
  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 Setting Depth: 120 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6/4/19 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (check 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 (check 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.*

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

Rayborn Drilling Inc 0-60 6/6/19  
 Print Name of Pump Installer and License No. (if applicable) Date

[Signature]  
 Signature of Pump Installer

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