

# STATE WELL REPORT

*Butler No. 1*

County: <u>Adams</u>
Permit #: _____
Driller: <u>Gary Rayborn</u>
Date drilling completed: <u>8/28/18</u>

**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)961-5555  
(601)961-5228 (fax)

<b>For Office Use Only:</b>	
Well #: <u>J66</u>	Aquifer: _____
E-Log #: _____	

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>D&amp;D Drilling (for Rabb)</u></p> <p>Mailing Address: <u>P O Box 1634</u></p> <hr/> <p>Ferriday                      LA                      71334 City                                      State                      Zip Code</p> <p>Telephone No. (<u>318</u>) <u>757-3274</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31.39928</u> Longitude: <u>-91.41151</u> <i>31-23 57                      91-24-41</i></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p><u>11R</u> ¼ <u>11R</u> ¼, Sec <u>15</u> T <u>5N</u> R <u>3W</u></p> <p><u>3</u> Miles <u>NW</u> of <u>Sibley</u> (Distance)                      (Direction)                      (Nearest Town)</p>
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<b>Well / Borehole Data</b>	
Date drilling started: <u>8/27/18</u> Date drilling completed: <u>8/28/18</u> Hole depth: <u>220</u> ft Hole diameter: <u>4</u> "	
Location of the source of any surface water used for drilling: <u>--</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>--</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> <sup>NO</sup> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): <u>--</u>	
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): <u>Rig Supply</u>	
If a flowing well, method of flow regulation: Valve <u>--</u> Other (describe) <u>--</u>	
Static Water Level: <u>150</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8/28/18</u> (check one)	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>220</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>180</u> feet to <u>220</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): <u>--</u>	
Top of lap pipe or reduction in casing: <u>--</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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Date completed: <u>8/28/18</u>
<b>Copy information from block on Part 1</b>

**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)

<b>For Office Use Only:</b>	
Well #: <u>J66</u>	_____
Aquifer: _____	_____

*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.*

<b>Well Owner Information</b>			<b>Well Location</b>	
Owner Name: <u>D&amp;D Drilling Inc. (for Rabb)</u>			Latitude: <u>31.39928</u> Longitude: <u>-91.41151</u>	
Mailing Address: <u>P O Box 1634</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Ferriday</u>	<u>LA</u>	<u>71334</u>	<u>12 1/4</u> <u>12 1/4</u> , Sec <u>15</u> T <u>5N</u> R <u>3W</u>	
City	State	Zip Code	<u>3</u> Miles <sup>N</sup> W of <u>Sibley</u>	
Telephone No. <u>(318) 757-3274</u>			(Distance) (Direction) (Nearest Town)	

<b>Pump Type (check one)</b>	
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>8/28/18</u>	Rated Pump Capacity: <u>60</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	

<b>Power Type (check one)</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>5</u>	Setting Depth: <u>189</u> feet Number of Stages: <u>13</u>

<b>Pump Test Data for Non Flowing Well</b>	
Date Well Tested: <u>8/28/18</u>	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>150</u> Feet Below Land Surface	Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Test Pumping Rate: <u>60</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	

<b>Pump Test Data for Flowing Well</b>	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

<b>Meter Installation</b>	
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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Rayborn Drilling Inc.</u>	<u>0-60</u>	<u>8/28/18</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

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