

# 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: \_\_\_\_\_  
Well #: K-57  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Claiborne  
Permit #: GW16321  
Driller: Gary Rayborn  
Date drilling completed: 10-18-06

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>Ray Forest</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 467</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lorman MS 39096</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>11N</u> Rng <u>1E</u>
Telephone No. <u>(601) 877-3784</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>W</u> of <u>Lorman</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other: wildlife mgmt (permit MS-GW 16321)</u>	
Date well drilling started: <u>10-16-06</u> Date well drilling completed: <u>10-18-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>35'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-18-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>300'</u> Well depth: <u>300'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>260</u> feet Casing diameter: <u>6"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>6"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>260</u> feet to <u>300</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.	
<div style="display: flex; justify-content: space-between;"> <div>RAYBORN DRILLING, INC. <u>0-60</u></div> <div>Signature of Water Well Contractor</div> </div>	
Print Name of Water Well Contractor and License No.	

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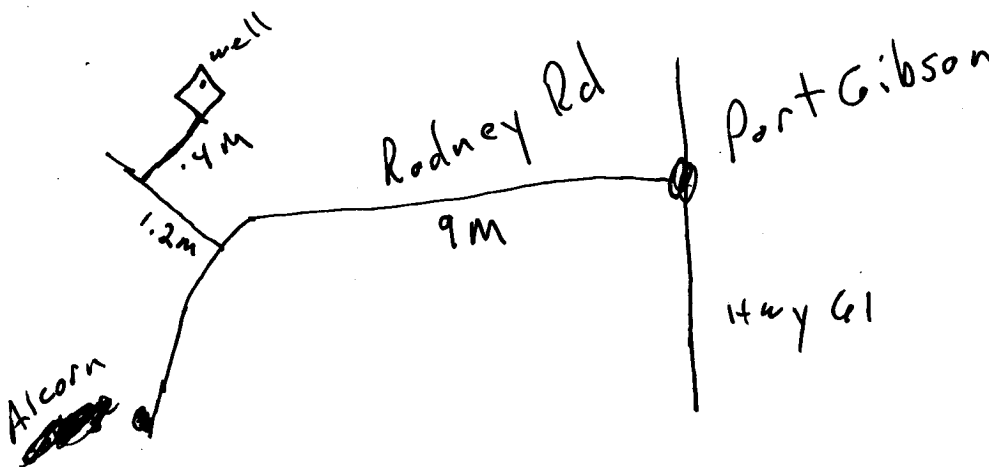
K-50

From	To
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99	100

6W16 321

[illegible]

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) indicate direction.



Landowner Name: Ray John Forest

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: \_\_\_\_\_

Well #: K-57

Elevation: \_\_\_\_\_

County: Claiborne  
Permit #: 60016321  
Driller: Gary Rayborn  
Date completed: 10-18-06

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

Owner Name: Ray Forest  
Mailing Address: P.O. Box 467  
Lorman MS 39096  
City State Zip Code  
Telephone No. (601) 877-3784

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec 13 Twn 11N Rng 1E  
Distance Direction Nearest Town  
8 Miles W of Lorman

### Pump Type

Circle one

Air Lift Jet ☒ Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 10-18-06  
Rated Pump Capacity: 250 Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas  
☒ Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 10  
Setting Depth: 126' feet  
Number of Stages: 2

### Pump Test Data

Date Well Tested: 10-18-06  
Static Water Level (A): 35 Feet Below Land Surface  
Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface  
Test Pumping Rate: 250 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level

Circle one

Air Line ☒ Electric Measuring Line Steel Tape  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded 250 GPM with a drawdown of  
\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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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