

# 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 #: K63  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Claiborne  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 12/13/12

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>Mike Mikell</u>	Latitude: <u>31.55.12"</u> Longitude: <u>91.00.18"</u>
Mailing Address: <u>P.O. Box 247</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>Port Gibson MS 39150</u>	<u>1R 1/4 1R 1/4 Sec 29 Twn 11N Rng 2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 437-8316</u>	<u>6.2 Miles S/SW of Port Gibson</u>

**Well Data**

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

Date well drilling started: 12/13/12 Date well drilling completed: 12/13/12

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 12/13/12

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

Hole depth: 170' Well depth: 170' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1010 inches Setting depth: From 150 feet to 170 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.

Rayborn Drilling Inc 0-60  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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JAN 03 2013  
BY: OLWR

# 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)

County: Claiborne  
Permit #: \_\_\_\_\_  
Driller: Geny Rayborn  
Date completed: 12/13/12

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: K63  
Elevation: \_\_\_\_\_

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>Mike Mikell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 247</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Port Gibson MS 39150</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1R 1/4 1R 1/4 Sec 29 Twn 11N Rng 2E</u>
Telephone No. <u>(601) 437-8316</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5 HP</u>
Date Pump Installed: <u>12/13/12</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/13/12</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): _____ 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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Rayborn Drilling Inc 0-60 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JAN 03 2013  
BY: OLWR



