

# 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 #: L-92  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Claiborne  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 6/6/08

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>Wylandia Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1092</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Port Gibson MS 39150</u>	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>11N</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 437-5675</u>	<u>2</u> Miles <u>SW</u> of <u>Port Gibson</u>

### Well Data

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

Date well drilling started: 6/4/08 Date well drilling completed: 6/6/08

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

Static Water Level: 155' feet above or below (circle one) land surface Date measured: 6/6/08

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

Hole depth: 220 Well depth: 215' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 195 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 195 feet to 215 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

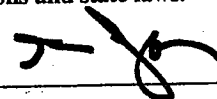
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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 of Water Well Contractor

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures that the financial statements are reliable and can be audited without issue.

In the second section, the author outlines the various methods used to collect and analyze data. This includes both primary and secondary research techniques. The goal is to gather comprehensive information that can be used to identify trends and make informed decisions.

The third section focuses on the results of the data analysis. It presents a series of charts and graphs that illustrate the key findings. These visual aids help to communicate complex information in a clear and concise manner, making it easier for stakeholders to understand the implications of the data.

The fourth section discusses the challenges faced during the research process. It highlights the difficulties of obtaining accurate data and the potential for bias in the analysis. The author provides strategies to mitigate these risks and ensure the integrity of the research.

Finally, the document concludes with a summary of the key findings and recommendations. It stresses the need for ongoing monitoring and evaluation to ensure that the organization remains competitive and responsive to market changes.

The following table provides a detailed breakdown of the data presented in the charts. It includes the specific values for each category and a brief description of the trends observed.

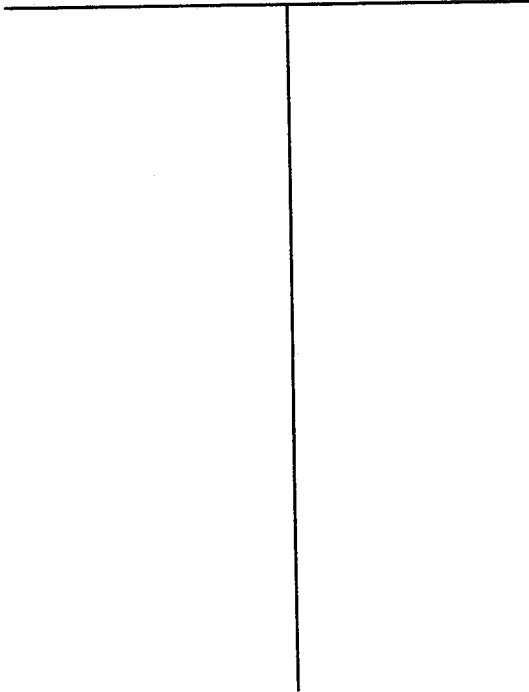
Category	Value	Trend
Category A	15%	Increasing
Category B	22%	Stable
Category C	18%	Decreasing
Category D	10%	Increasing
Category E	35%	Stable

The data indicates a clear upward trend in Category A and D, while Category C shows a downward trend. Categories B and E remain relatively stable, suggesting consistent performance in these areas.

L-92

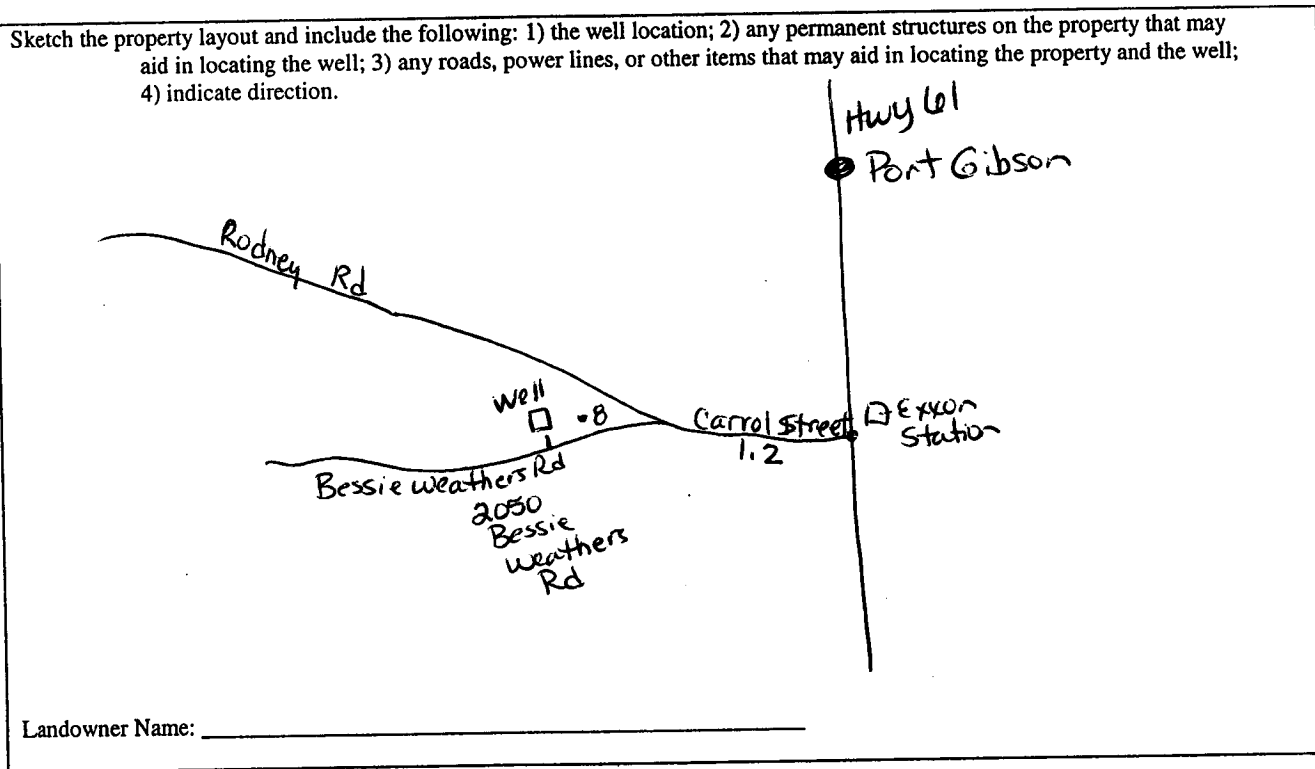
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Chalk	0	50
Silty Clay	50	90
Blue Chalk	90	175
Sand	175	217
Chalk	217	220

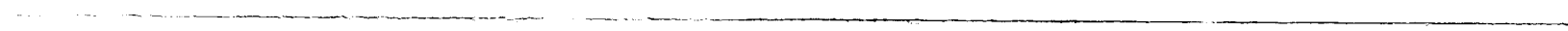
If more than one screen, show location of each on sketch



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 #: L-92  
 Elevation: \_\_\_\_\_

County: Claiborne  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 6/6/08

**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>Wylandia Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 1092</u> <u>Port Gibson, MS 39150</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>8</u> Twn <u>11N</u> Rng <u>2E</u>
Telephone No. <u>(601) 437-5675</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Port Gibson</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> 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 HP</u>
Date Pump Installed: <u>6/6/08</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/6/08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>155</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>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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 of Pump Installer

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