

# 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 #: D 111  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 9/11/15

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)	Well or Borehole Location <u>90 22 2.74</u>
Owner Name: <u>Copiah Lumber Co.</u>	Latitude: <u>31° 58' 47" N</u> Longitude: <u>90° 23' 3" W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 346</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Crystal Springs MS 39059</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec. <u>26</u> T. <u>2N</u> R. <u>2W</u>
City State Zip Code	<u>.5</u> Miles <u>SW</u> of <u>Crystal Springs</u>
Telephone No. <u>(601) 942-2128</u>	(Distance) (Direction) (Nearest Town)

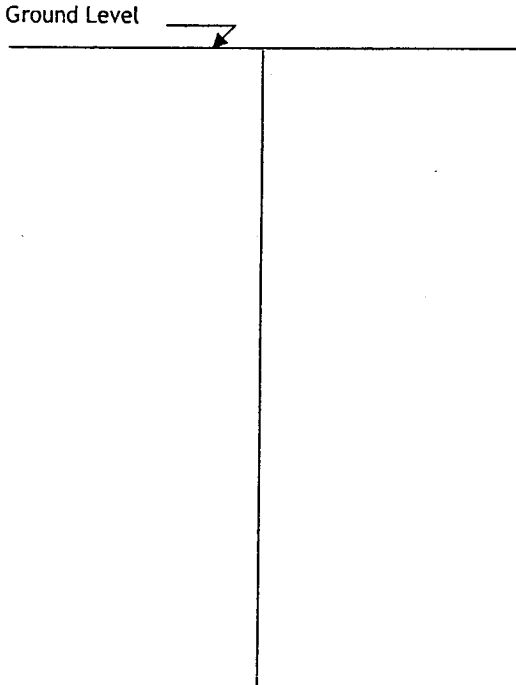
<b>Well / Borehole Data</b>	
Date drilling started: <u>9/11/15</u>	Date drilling completed: <u>9/11/15</u> Hole depth: <u>107'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>43</u> feet [above or below] land surface Date measured: <u>9/11/15</u>	
(circle one)	
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>107</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>47</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>60</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>47</u> feet to <u>107</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

County: Copiah  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

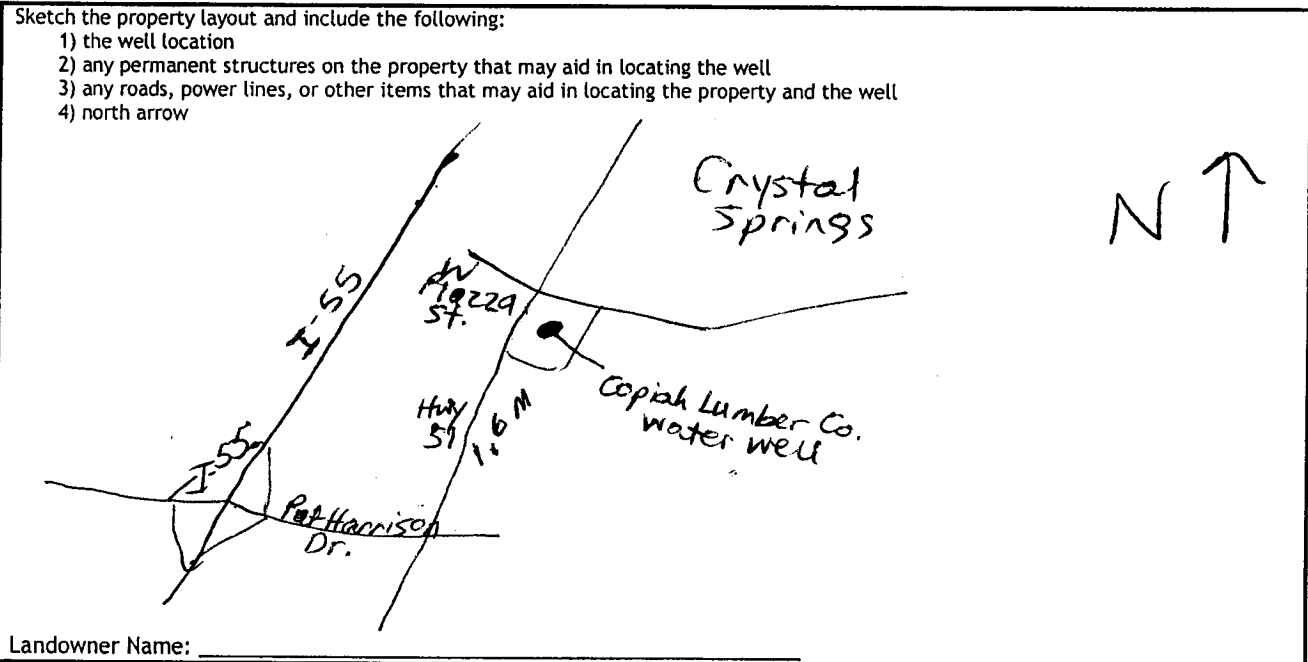
If well telescopes, show depths on sketch.



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	18
Gravel & rock	18	40
Coarse sand	40	50
Clay/sand streaks	50	55
Sand	55	65
Clay/sand streaks	65	75
Sand	75	90
Clay/sand streaks	90	95
Sand	95	107

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



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     9/17/15  
 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)

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: D111  
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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Copiah Lumber Co.</u> Mailing Address: _____ <u>P.O. Box 346</u> <u>Crystal Springs MS 39059</u> City State Zip Code Telephone No. <u>(601) 942-2128</u></p>	<p>Well Location <u>90 22. 2.74</u> Latitude: <u>31° 58' 47" N</u> Longitude: <u>90° 23' 3" W</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE</u> ¼ <u>SE</u> ¼, Sec <u>26</u> T <u>2N</u> R <u>2W</u> <u>.5</u> Miles <u>SW</u> of <u>Crystal Springs</u> (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

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

Date Pump Installed: 9/14/15 Rated Pump Capacity: 90 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

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

Horse Power Rating of Motor: 3 Setting Depth: 84 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9/14/15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 43 Feet Below Land Surface Pumping Water Level (B): - Feet Below Land Surface

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

Method of measurement (circle 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 (circle 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 9/17/15  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form OLWR-SWR-1B (4/13)