

STATE WELL REPORT

3257

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date drilling completed: 9/13/18

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)

For Office Use Only:
 Well #: F34
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jonathan Thorpe</u>	Latitude: <u>31-31-01</u> Longitude: <u>91-08-49</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>2323 Higginbotham Rd. SW</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Roxie</u> <u>MS</u> <u>39661</u>	<u>1R</u> $\frac{1}{4}$ <u>1R</u> $\frac{1}{4}$, Sec <u>8</u> T <u>6N</u> R <u>1E</u>
City State Zip Code	<u>5</u> Miles <u>W</u> of <u>Roxie</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/7/18 Date drilling completed: 9/13/18 Hole depth: 300' Hole diameter: 4"

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 (check all applicable): ☒ No log run ☐ Electric ☐ Gamma Ray ☐ Density ☐ Sonic ☐ Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one) ☒ Water Well ☐ Geotechnical/Geological Investigation ☐ Ground Source Heat Pump
☐ Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): ☒ Home ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 150 feet ☐ above or ☒ below (check one) and surface Date measured: 9/13/18

Method of measurement (check one) ☐ Steel tape ☒ Electric tape ☐ Air line ☐ Other (describe): _____

Well depth: 300 Well grouted to a depth of: 10 feet Type of grout (check one) ☒ Neat Cement ☐ Bentonite ☐ Mix

Casing length: 280 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 280 feet to 300 feet

Type of completion (check all applicable) ☒ gravel packed ☐ Underreamed ☐ Open hole ☐ Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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County: Franklin

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If well telescopes, show depths on sketch.

[illegible]

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

- 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) north arrow



Landowner Name: Jonathan Thorpe

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 9-17-18
Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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

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)

For Office Use Only:

Well #: F34

Aquifer: _____

County: Franklin

Permit #: _____

Driller: Gary Rayborn

Date completed: 9/13/18

Copy information from block on Part 1

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.

Well Owner Information	Well Location
Owner Name: <u>Jonathan Thorpe</u>	Latitude: <u>31-31-01</u> Longitude: <u>91-03-49</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>2323 Higginsbotham Rd. SW</u>	<u>1R 1/4 1R 1/4</u> , Sec <u>8</u> T <u>6N</u> R <u>1E</u>
<u>Roxie</u> <u>MS</u> <u>39661</u>	<u>5</u> Miles <u>W</u> of <u>Roxie</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (check one)
<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>9/13/18</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is This Pump (check one) <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement
Power Type (check one)
<input checked="" 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>1</u> Setting Depth: <u>200</u> feet Number of Stages: <u>11</u>

Pump Test Data for Non Flowing Well
Date Well Tested: <u>9/13/18</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>10</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): _____

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 (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.

Rayborn Drilling Inc. 0-60 9/17/18
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)