

# 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 #: K100

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Franklin  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 6/14/13

*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) Owner Name: <u>Energy Drilling</u> Mailing Address: _____ <u>P.O. Box 905</u> <u>Natchez</u> <u>MS</u> <u>39120</u> City State Zip Code Telephone No. <u>(601) 446-5259</u>	<b>Well or Borehole Location</b> Latitude: <u>31°28'60"</u> Longitude: <u>90°39'10"</u> <u>58</u> <u>38 49</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u> <u>1/4</u> <u>SW</u> <u>1/4</u> , Sec <u>18</u> T <u>6N</u> R <u>6E</u> <u>3.5</u> Miles <u>E/SE</u> of <u>McCall Creek</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**  
Date drilling started: 6/14/13 Date drilling completed: 6/14/13 Hole depth: 200' 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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
Other (describe): RIG SUPPLY  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 75 feet [above or below] land surface Date measured: 6/14/13  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
Well depth: 200 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .020 inches Setting depth: From 180 feet to 200 feet  
Type of completion (circle 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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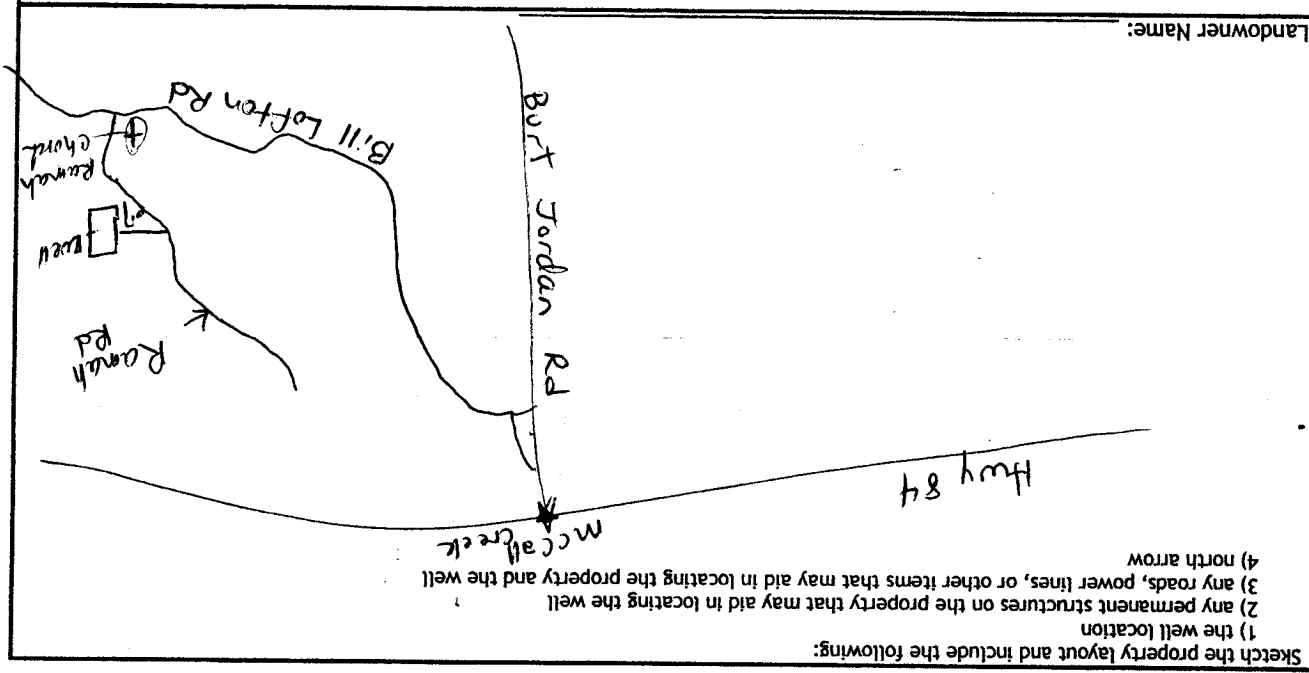
BY: OLWR

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.**

Print Name of Responsible Licensee and License No.	Date	Signature of Licensee
00-60	6/26/13	

Landowner Name:



- can and property report and include the following:
- (1) the well location
  - (2) any permanent structures on the property that
  - (3) any roads, power lines, or other items that may
  - (4) north arrow

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

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The sketch below only required for water wells

County: Franklin  
Permit #: \_\_\_\_\_

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

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

[illegible]

# 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: Franklin  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date completed: 6/14/13  
*Copy information from block on Part 1*

### For Office Use Only:

Well #: K100  
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.*

Well Owner Information	Well Location
Owner Name: <u>Energy Drilling Inc</u>	Latitude: <u>31°28'60"</u> Longitude: <u>90°39'10"</u>
Mailing Address: _____	Method of Lat/Long (check one): <u>58</u> Conventional <u>38</u> Survey <u>49</u>
<u>P.O. Box 905</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Natchez MS 39121</u>	_____ 1/4 _____ 1/4, Sec <u>18</u> T <u>6N</u> R <u>6E</u>
City State Zip Code	<u>3.5</u> Miles <u>E/SE</u> of <u>McCall Creek</u>
Telephone No. <u>(601) 446-5259</u>	(Distance) (Direction) (Nearest Town)

### Pump Type (circle one)

☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
Date Pump Installed: 6/14/13 Rated Pump Capacity: 60 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: 5HP Setting Depth: 147 feet Number of Stages: 13

### Pump Test Data for Non Flowing Well

Date Well Tested: 6/14/13 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 60 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. 00-60 6/26/13  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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