

# 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 #: D-68  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Hinds  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 11-20-07

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>Monica Scruggs</u>	Latitude: <u>32° 20' 50"</u> Longitude: <u>90° 39' 59"</u>
Mailing Address: <u>P.O. Box 381</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Edwards, MS 39066</u>	<u>NE 1/4 SW 1/4 Sec 22 24 Twn 16N Rng 50E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 473-9648</u>	<u>4</u> Miles <u>NW</u> of <u>Edwards</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 11-20-07 Date well drilling completed: 11-20-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 11-20-07  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 50 Well depth: \_\_\_\_\_ Well grouted to a depth of 20 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 40 feet to 50 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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DEC 26 2007  
BY: OLWR

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**JOHN DILLON**

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D-68

If well telescopes please sketch below and show depths.

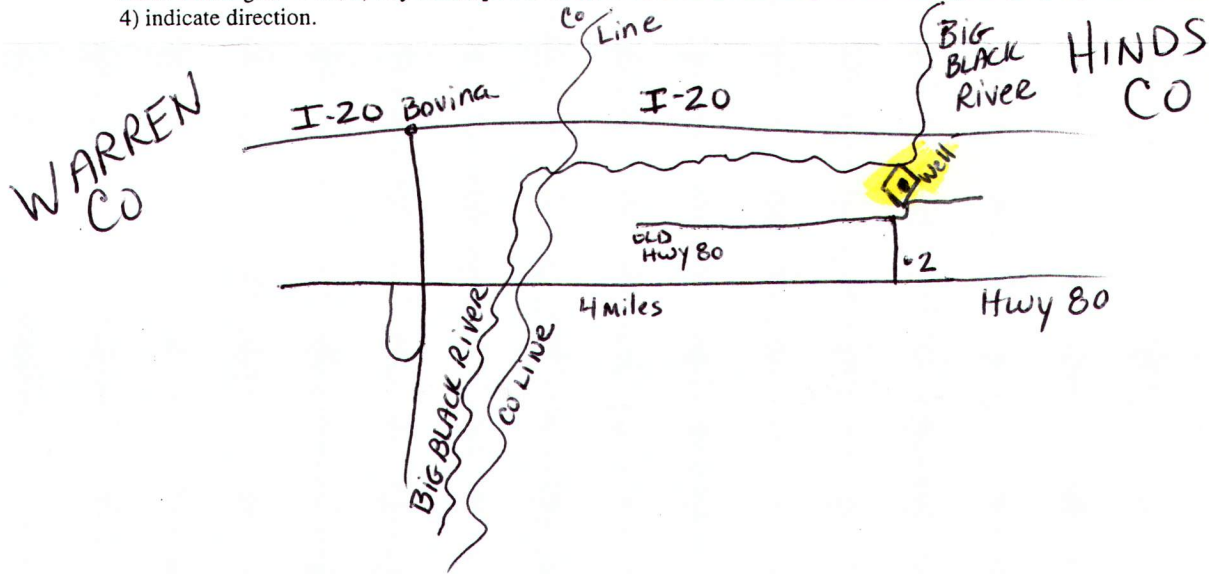
Ground Level

Ground Level	

Description of Formations Encountered	From	To
Clay	0	25
Pea Gravel	25	50

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

Sketch the property layout and include the following: 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) indicate direction.



Landowner Name: \_\_\_\_\_

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 #: D-68  
 Elevation: \_\_\_\_\_

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 11-20-07

**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>Monica Scruggs</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 381</u> <u>Lot #3</u> <u>Edwards MS 39066</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 473-9648</u>	_____ 1/4 _____ 1/4 Sec <del>23</del> <sup>24</sup> Twn <u>16N</u> Rng <u>50E</u>
	Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Edwards</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" 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>11-20-07</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-07</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>20</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>10</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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]  
 Signature of Pump Installer

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 DEC 26 2007  
 BY: OLWR