

# 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)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: J124  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Hinds  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 11/14/17

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Chris Haggard</u>	Latitude: <u>32°18'18"N</u> Longitude: <u>90°40'6"W</u>
Mailing Address: _____ <u>6475 Smith Station Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Edwards MS 39066</u>	<u>NW ¼ SW ¼, Sec 1 T15N R5W</u>
City State Zip Code	<u>6</u> Miles <u>SW</u> of <u>Edwards</u>
Telephone No. <u>(601) 831-3941</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11/14/17</u> Date drilling completed: <u>11/14/17</u> Hole depth: <u>60'</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 (check all applicable): <input checked="" type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>BY OLWR</u>
Name of organization running log(s): _____
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input 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>25</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>11/14/17</u>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>60</u> Well grouted to a depth of: _____ feet Type of grout (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>40</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>40</u> feet to <u>60</u> feet
Type of completion (check 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>



# 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 #: J124

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

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 11/14/17  
*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>Chris Haggard</u>	Latitude: <u>32°18'18" N</u> Longitude: <u>90°40'6" W</u>
Mailing Address: _____ <u>6475 Smith Station Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Edwards MS 39066</u>	<u>NW 1/4 SW 1/4, Sec 1 T 15N R 5W</u>
City State Zip Code	<u>6</u> Miles <u>SW</u> of <u>Edwards</u>
Telephone No. <u>(601) 831-3941</u>	(Distance) (Direction) (Nearest Town)

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>11/14/17</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>50</u> feet Number of Stages: <u>12</u>

Pump Test Data for Non Flowing Well
Date Well Tested: <u>11/14/17</u> Duration of Pump Test (minimum 4 hours): <u>-</u> hours
Static Water Level (A): <u>25</u> Feet Below Land Surface Pumping Water Level (B): <u>35</u> 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
<p><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></p>

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rayborn Drilling Inc. 0-60 11/15/17  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer