

# 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 #: A-89  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jefferson Davis  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 11-12-05

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>D+D Drilling Inc</u>             | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>P.O. Box 1634</u>           | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Ferriday LA 71334</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>9N</u> Rng <u>19W</u>                                      |
| Telephone No. <u>(318) 757-3274</u>             | Distance _____ Direction _____ Nearest Town _____<br><u>1</u> Miles <u>E</u> of <u>Covina, La</u>   |

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply

Date well drilling started: 11-12-05 Date well drilling completed: 11-12-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 11-2-05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 80' Well depth: 80' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.20 inches Setting depth: From 60 feet to 80 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 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 #: A-89

Elevation: \_\_\_\_\_

County: Jefferson Davis

Permit #: \_\_\_\_\_

Driller: Gary Rayborn

Date completed: 11-12-05

**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>D + D Drilling Inc</u>           | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>P.O. Box 1634</u>           | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Ferriday LA 71334</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>9N</u> Rng <u>19W</u>                                      |
| Telephone No. <u>(318) 757-3274</u>             | Distance Direction Nearest Town<br><u>1</u> Miles <u>E</u> of <u>Gwinville</u>                      |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5HP</u>                                 |
| Date Pump Installed: <u>11-12-05</u>                             | Setting Depth: <u>63</u> feet   |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute                | Number of Stages: <u>14</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>11-12-05</u>                         | <input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape      |
| Static Water Level (A): <u>15</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>60</u> GPM with a drawdown of<br>_____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>60</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 of Pump Installer

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