

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: 634
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jefferson
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 11-19-10

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>Robert Nail</u>	Latitude: <u>31° 46' 52"</u> Longitude: <u>91° 12' 30"</u>
Mailing Address: <u>758 Nail Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lorman MS 39096</u> City State Zip Code	<u>1R 1/4 1R 1/4 Sec 11 Twn 9N Rng 1W</u>
Telephone No. <u>(601) 445-8535</u>	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Church Hill</u>

Well Data

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

Date well drilling started: 11-18-10 Date well drilling completed: 11-19-10

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

Static Water Level: NOT Read feet above or below (circle one) land surface Date measured: 11-19-10

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

Hole depth: 200' Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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

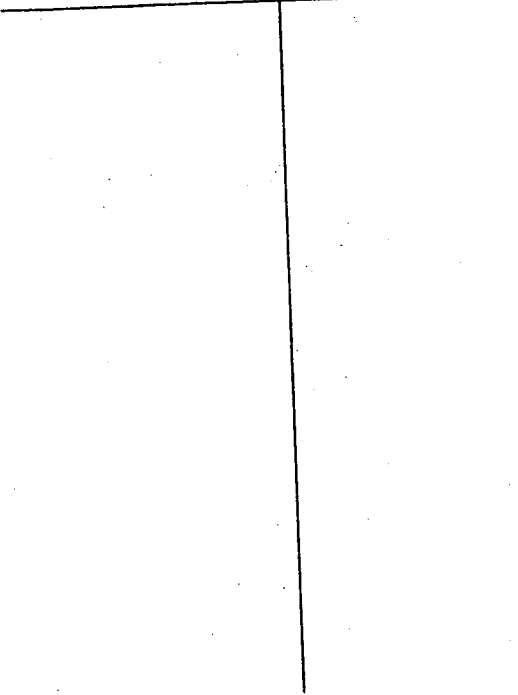
RECEIVED

Test Hole - Plugged
DEC 20 2010
BY: OLWR

634

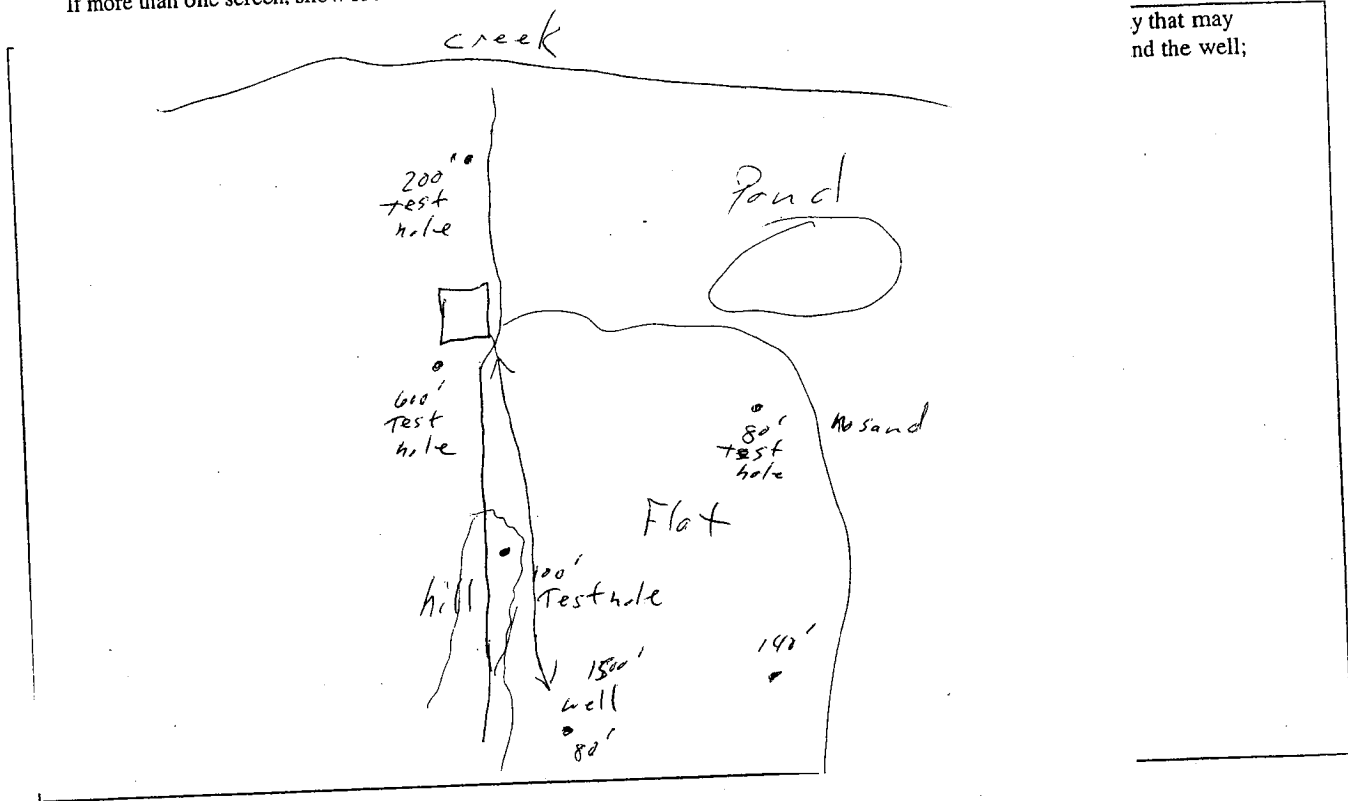
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
CHALK	0	200

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



any that may
end the well;

[Handwritten Signature]

Signature of Water Well Contractor

Test Hole RECEIVED

Plugged DEC 20 2010
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