

# 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: 635  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jefferson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 12-4-10

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,
<u>Lorman MS 39096</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 11 Twn 9N Rng 1W</u>
Telephone No. <u>(601) 445-8535</u>	Distance Direction Nearest Town
	<u>3 Miles N of Church Hill</u>

**Well Data**

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

Date well drilling started: 12-4-10 Date well drilling completed: 12-4-10

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

Static Water Level: NOT Read feet above or below (circle one) land surface Date measured: 12-4-10

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

Hole depth: 140 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

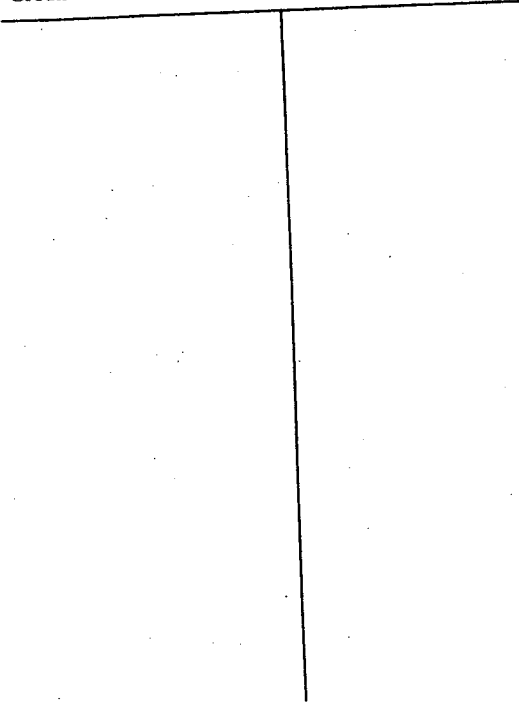
**RECEIVED**

Test Hole - Plugged  
DEC 21 2010  
BY: OLWR

If well telescopes please sketch below and show depths.

635

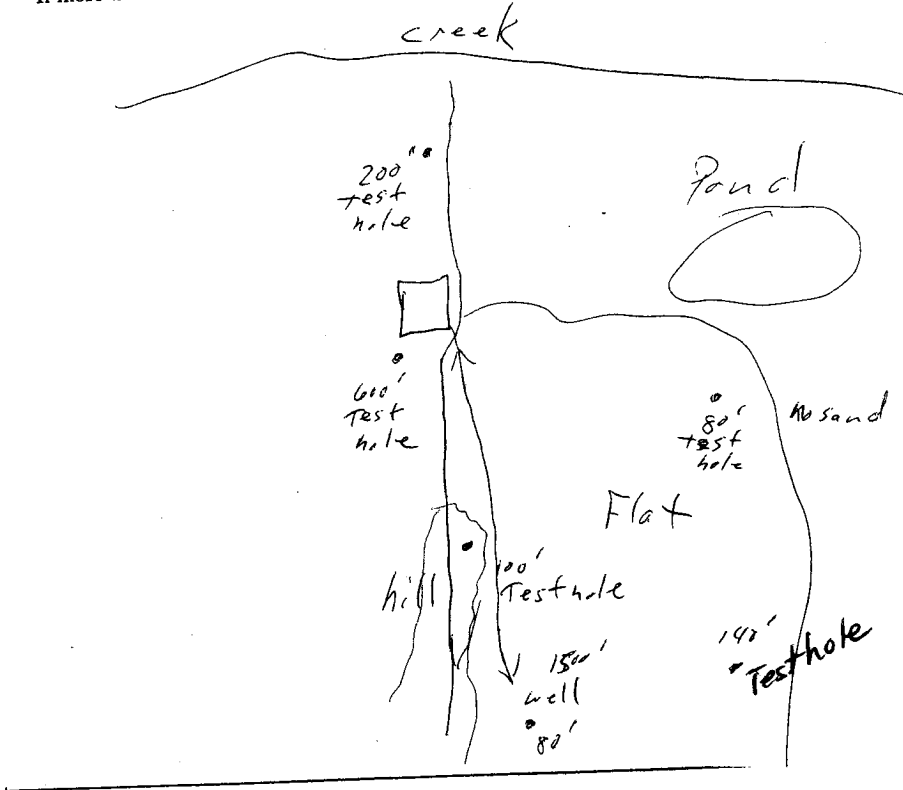
Ground Level



Description of Formations Encountered	From	To
CHALK	0	58
SAND	58	62
Pea GRAVEL	62	65
P. Gravel w/Chalk Mix	65	70
CHALK	70	140

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

erty that may and the well;



*[Handwritten Signature]*

Signature of Water Well Contractor

Test Hole  
Plugged

**RECEIVED**  
DEC 20 2010  
**BY: OLWR**