

# 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)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: M44  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jefferson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 7/9/15

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. 91° 16' 54"

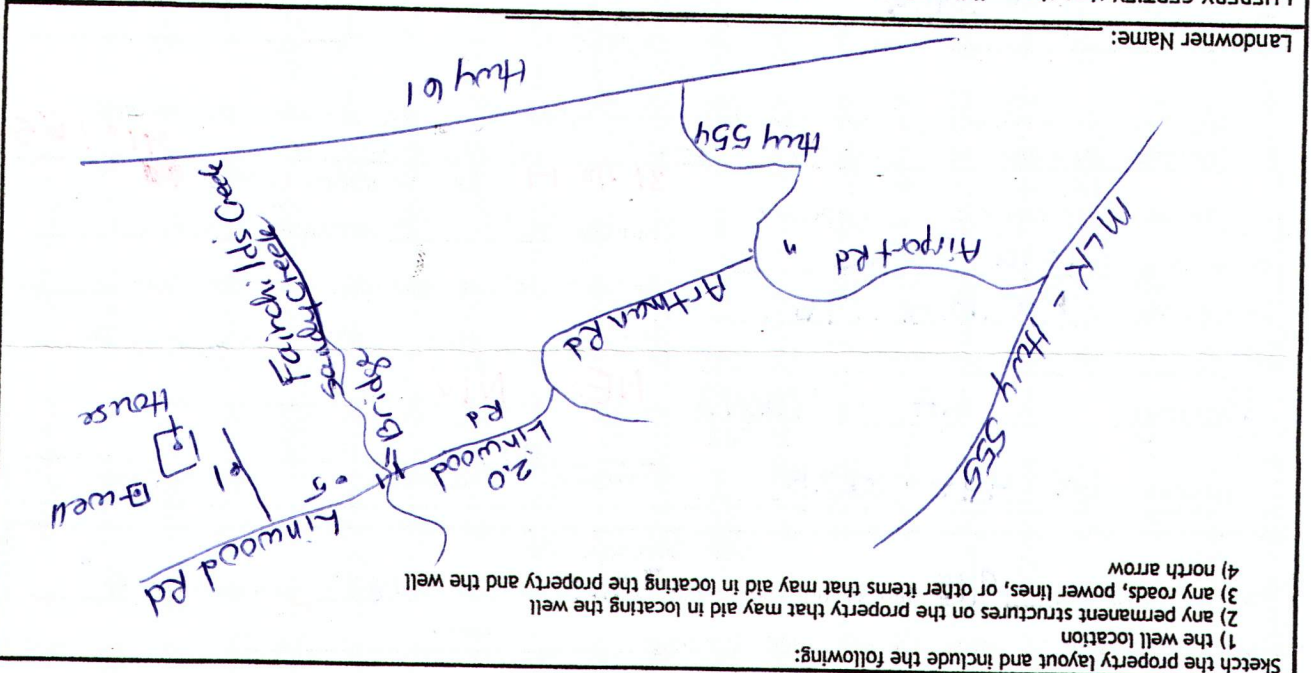
<b>Well Owner Information</b> (Landowner if borehole is not for a water well)	<b>Well or Borehole Location</b>
Owner Name: <u>Lloyd Songe</u>	Latitude: <u>31.670794</u> Longitude: <u>91.281765</u>
Mailing Address: <u>P.O. Box 176</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bourg</u> <u>LA</u> <u>70343</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>19</u> T <u>8N</u> R <u>2W</u>
Telephone No. <u>(601) 445-8825</u>	<u>5</u> Miles <u>S/SW</u> of <u>Church Hill</u>
	(Distance) (Direction) (Nearest Town)

<b>Well / Borehole Data</b>	
Date drilling started: <u>7/9/15</u>	Date drilling completed: <u>7/9/15</u> Hole depth: <u>160'</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 (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron. Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one) <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80'</u> feet [above or (below) land surface] (circle one) Date measured: <u>7/9/15</u>	
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>160'</u> Well grouted to a depth of: _____ feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>140</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>140</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	

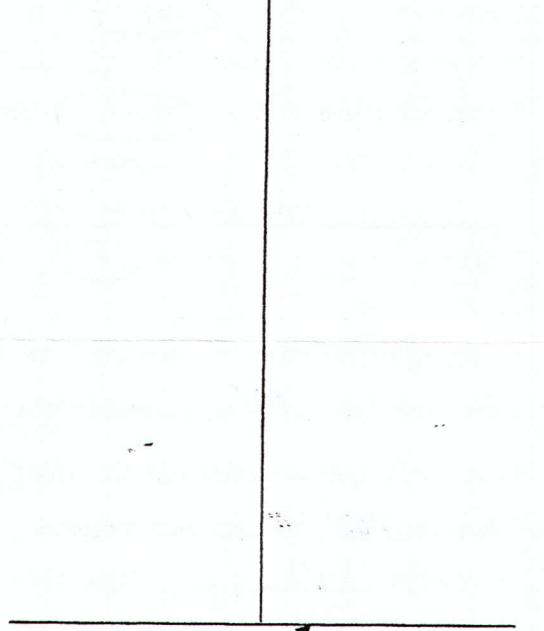
If telescoped or more than one screen, describe on next page

RECEIVED  
AUG 03 2015  
BY: OLWR

RAYBORN DRILLING, INC.  
 0-60  
 7/17/15  
 Date  
 Signature of Licensee  
 Print Name of Responsible Licensee and License No.



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



Ground Level

If well telescopes, show depths on sketch.

The sketch below only required for water wells

County: Jefferson  
 Permit #: \_\_\_\_\_

Description of Formations Encountered	From (depth)	To (depth)
Chalk	80	160
Coarse Sand and pea gravel	80	

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

For Office Use Only:  
 Well #: \_\_\_\_\_

# 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 #: M 44

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

County: Jefferson  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 7-9-15  
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>Lloyd Songe</u>	Latitude: <u>31.670794</u> Longitude: <u>-91.281765</u>
Mailing Address: _____ <u>P.O. Box 176</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Bourg</u> <u>LA</u> <u>70343</u> City State Zip Code	_____ 1/4 _____ 1/4, Sec <u>19</u> T <u>8N</u> R <u>2W</u>
Telephone No. ( <u>601</u> ) <u>445-8825</u>	<u>5</u> Miles <u>S/SW</u> of <u>Church Hill</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 7/9/15 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 Setting Depth: 140 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-9-15 Duration of Pump Test (minimum 4 hours): — hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): — Feet Below Land Surface

Drawdown [(B) - (A)]: — Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line  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 (circle one):  New  Repaired  Replacement

*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.*

RECEIVED

AUG 03 2015

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

RAYBORN DRILLING, INC. 0-60 7/17/15  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer