

# 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)

County: Lincoln  
Permit #: 0-60  
Driller: Rayborn Drilling  
Date drilling completed: 8/13/04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-59  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Rawles Livestock</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 3220</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brookhaven, MS 39603-</u> City State Zip Code <u>7220</u>	_____ 1/4 _____ 1/4 Sec. <u>30</u> Twn <u>8N</u> Rng <u>6E</u>
Telephone No. <u>(601) 833-0077</u>	Distance <u>3/4</u> Miles Direction <u>S</u> of Nearest Town <u>Lloyd Star</u>

**Well Data**

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

Date well drilling started: 8/12/04 Date well drilling completed: 8/13/04

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

Static Water Level: 148 feet above or below (circle one) land surface Date measured: 8/13/04

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

Hole depth: 280 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 260 feet to 280 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): \_\_\_\_\_

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BY: OLWR

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 0-60  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

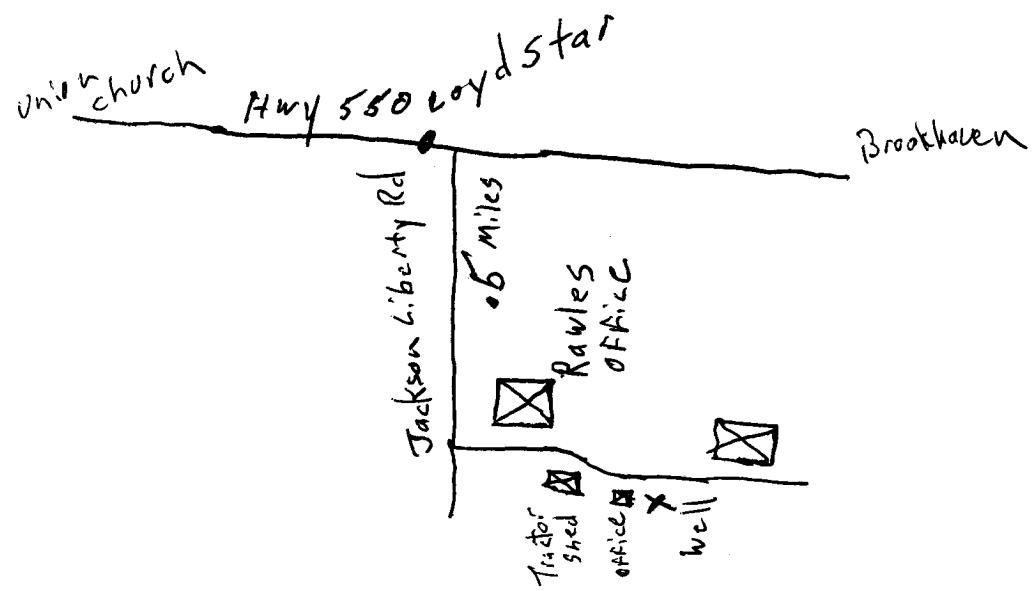
B-59

Description of Formations Encountered	From	To
Clay	0	10
Gravel	10	75
Clay	75	250
Sand	250	280

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 BY: OLWR

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: \_\_\_\_\_

Rayborn Drilling  
 Signature of Water Well Contractor

# 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)

County: Lincoln  
 Permit #: 0-60  
 Driller: Rayborn Drilling  
 Date completed: 8/13/04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-59  
 Elevation: \_\_\_\_\_

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>Rawles Livestock</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
_____	_____ 1/4 _____ 1/4 Sec <u>310</u> Twn <u>8N</u> Rng <u>6E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>3/4</u> Miles <u>S</u> of <u>Loyd Star</u> <b>RECEIVED</b>

SEP 01 2004

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>8/13/04</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>10</u>

**BY: OLWR**

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): _____ 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

Rayborn Drilling 0-60  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer