

# 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: D 38  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Madison  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 10/5/10

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>Heath Jenkins</u>	Latitude: <u>32.47.38</u> " Longitude: <u>89.50.48</u> "
Mailing Address: <u>204 Mary Ann Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brandon MS 39042</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 13 Twn 11N Rng 4E</u>
Telephone No. <u>(601) 824-9340</u>	Distance Direction Nearest Town <u>1.7</u> Miles <u>NINE</u> of <u>Camden</u>

### Well Data

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

Date well drilling started: 10/3/10 Date well drilling completed: 10/5/10

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

Static Water Level: 165 feet above of below (circle one) land surface Date measured: 10/5/10

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

Hole depth: 420 Well depth: 415 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 395 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .020 inches Setting-depth: From 395 feet to 415 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



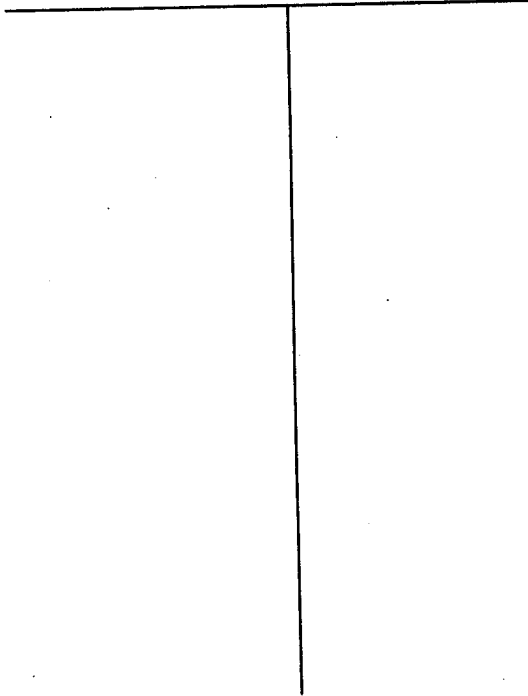
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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MOLNR

If well telescopes please sketch below and show depths.

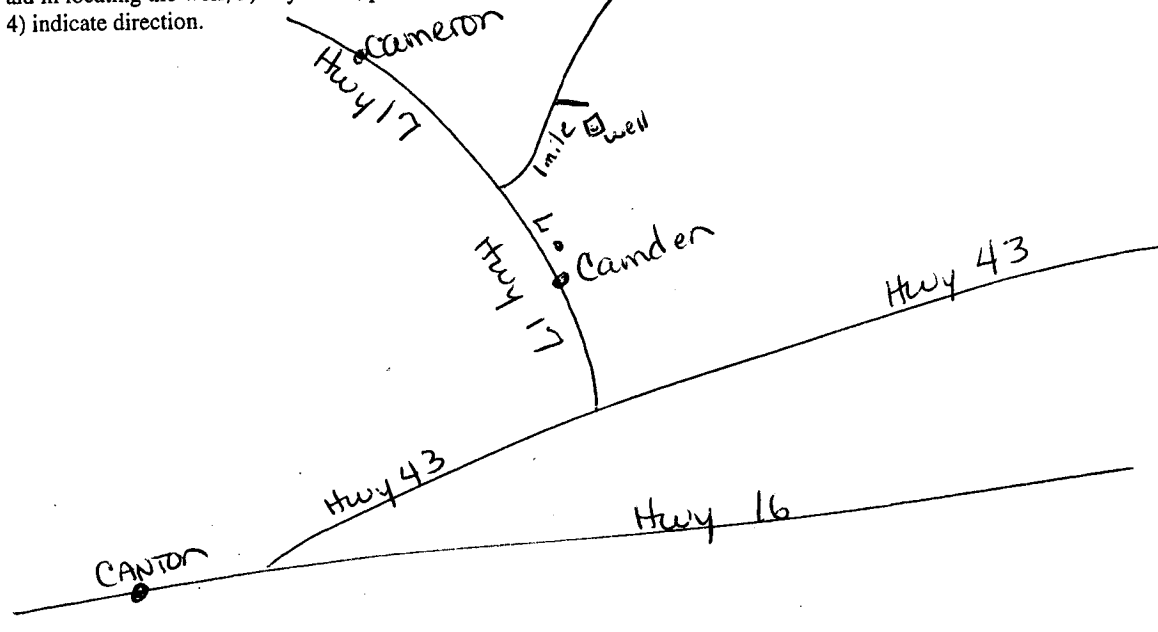
Ground Level




Description of Formations Encountered	From	To
CHALK	0	35
SAND	35	80
CHALK	80	130
SAND w/ CHALK STRKS	130	220
CHALK	220	335
SAND	335	415

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: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of Water Well Contractor

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INDEXED  
OCT 28 2000  
SHERIFF'S OFFICE

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

County: Madison  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date completed: 10/5/10

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>Heath Jenkins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>204 Mary Ann Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brandon MS 39042</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ ¼ _____ ¼ Sec <u>13</u> Twn <u>11N</u> Rng <u>4E</u>
Telephone No. <u>(601) 824-9340</u>	Distance Direction Nearest Town
	<u>1.7</u> Miles <u>N/E</u> of <u>Camden</u>

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>5 HP</u>
Date Pump Installed: <u>10/5/10</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/5/10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>165</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
Test Pumping Rate: <u>60</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 O-60  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer