

# 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: \_\_\_\_\_  
Well #: Q-46  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 12-27-06

**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>D + D Drilling, Inc.</u>	Latitude: <u>31° 07' 58"</u> Longitude: <u>89° 48' 45"</u>
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ferriday LA 71334</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 - NW 1/4</u> Sec <u>20</u> Twn <u>2N</u> Rng <u>14E</u>
Telephone No. ( <u>318</u> ) <u>757-3274</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>S</u> of <u>Columbia</u>

**Well Data**

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

Date well drilling started: 12-27-06 Date well drilling completed: 12-27-06

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 12-27-06

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

Hole depth: 60' Well depth: 60' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 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 40 feet to 60 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**  
**JAN 27 2006**  
**BY: OLWR**



# 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: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 12-27-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-46  
 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>D+D Drilling, Inc</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ferriday LA 71334</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>2N</u> Rng <u>14E</u>
Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town <u>10</u> Miles <u>S</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> <input checked="" type="radio"/> <u>Gasoline Engine</u> Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>12-27-2006</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-27-06</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>15</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>80</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>80</u> 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.

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

**RECEIVED**  
 JAN 27 2006  
 BY: OLWR