

# 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 #: H39  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 6-3-09

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>Hank Danos</u>	Latitude: <u>31° 15' 18"</u> Longitude: <u>91° 15' 04"</u>
Mailing Address: <u>P.O. Box 1460</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>LaRose La 70373</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec. 6 Twn 3N<sup>OK</sup> Rng 1W</u>
Telephone No. <u>(985) 693-3313</u>	Distance <u>1.8</u> Miles Direction <u>N</u> of Nearest Town <u>Inters of Buffalo Rd + Old Hwy 61</u>

### Well Data

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

Date well drilling started: 6-2-2009 Date well drilling completed: 6-3-09

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

Static Water Level: 170 feet above or below (circle one) land surface Date measured: 6-11-09

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

Hole depth: 368' Well depth: 365' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 335 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 335 feet to 365 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

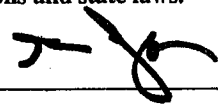
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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

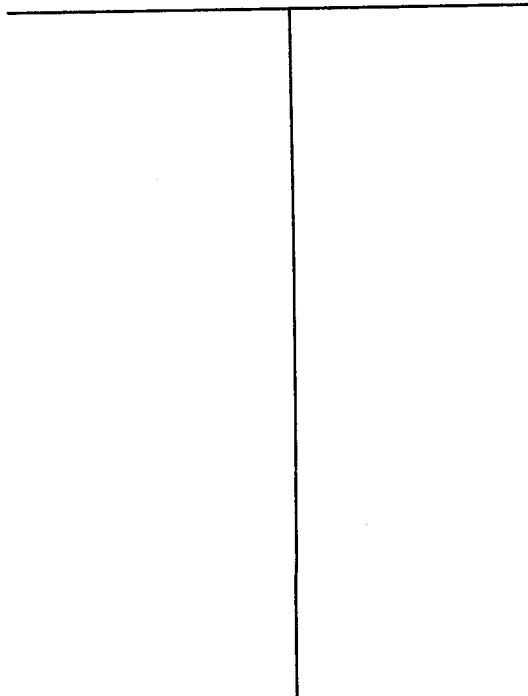
RECEIVED

JUN 15 2009

BY: OLWR

If well telescopes please sketch below and show depths.

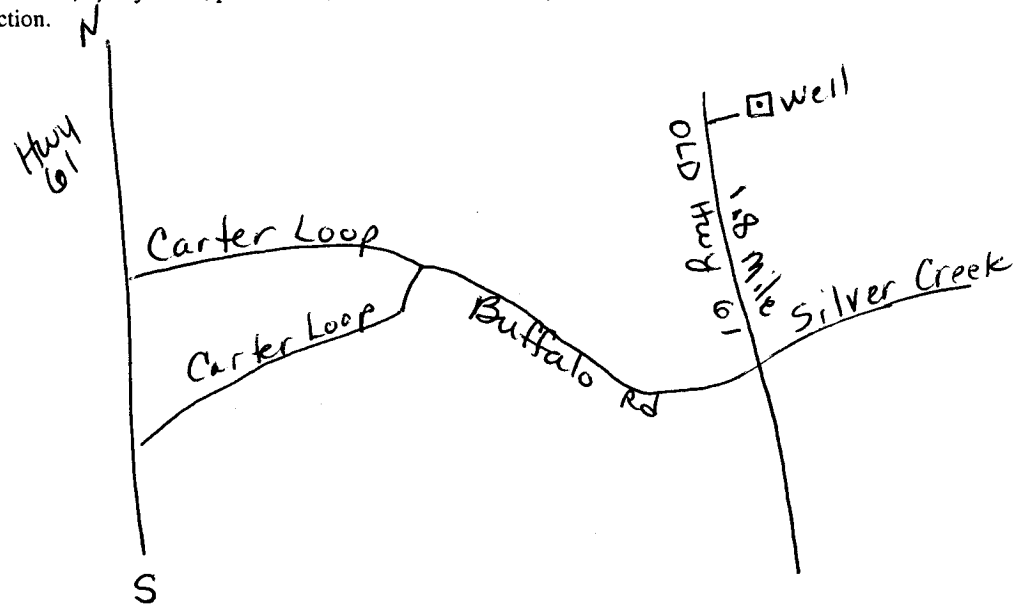
Ground Level



Description of Formations Encountered	From	To
GRAVEL	0	18
CHALK	18	120
CHALK w/STRKS OF SILT	120	170
CHALK	170	190
CHALK w/Limestone STREAKS	190	210
CHALK	210	320
MED SAND	320	368

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: \_\_\_\_\_

*[Handwritten signature]*

Signature of Water Well Contractor

RECEIVED

JUN 15 2009

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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H39  
 Elevation: \_\_\_\_\_

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 6-3-09

**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>Hank Danos</u>	Latitude: <u>31° 15' 18"</u> Longitude: <u>91° 15' 04"</u>
Mailing Address: <u>P.O. Box 1460</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LaRose LA 70373</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec. 36 Twn 3N Rng 1W</u>
Telephone No. <u>(985) 693-3313</u>	Distance Direction Nearest Town
	<u>1.8 Miles N of Inters Buffalo Rd &amp; old Hwy 61</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>6-11-09</u>	Setting Depth: <u>230</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-11-09</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>170</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>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</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 0-60 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 JUN 15 2009  
 BY: OLWR