

# 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 #: 44  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 9-17-10

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>Cy Daquilla</u>	Latitude: <u>31° 11' 30"</u> Longitude: <u>91° 13' 55"</u>
Mailing Address: <u>P.O. Box 866</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>New Rhodes La 70760</u> City State Zip Code	<u>1/4 1/4 Sec 33 Twn 3N Rng 1W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>8</u> Miles <u>NINE</u> of <u>Woodville</u>

**Well Data**

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

Date well drilling started: 9-17-10 Date well drilling completed: 9-17-10

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 9-17-10

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

Hole depth: 90' Well depth: 90' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 90 feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hoie 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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BY: OLWR

H-41

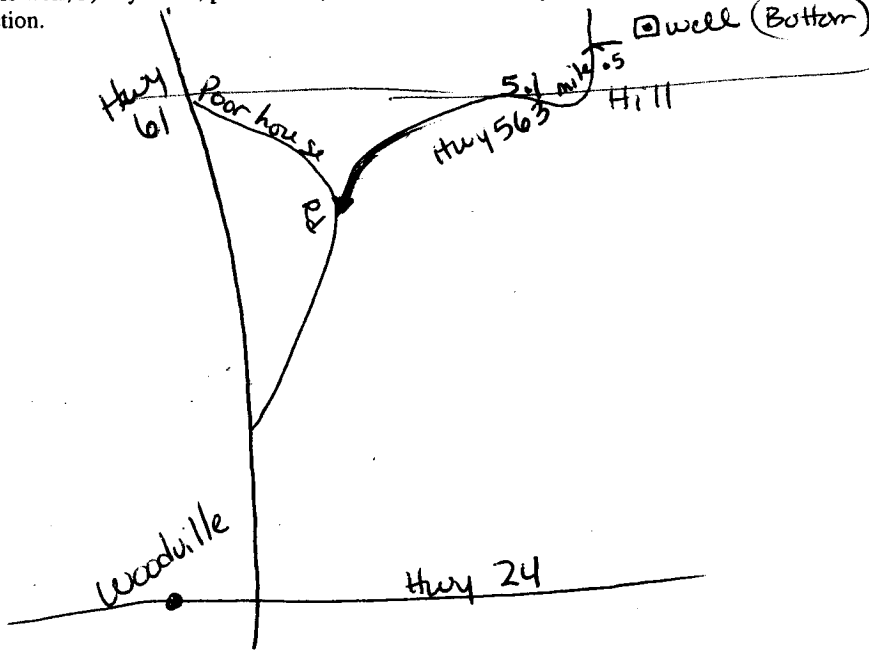
If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
White Chalk	0	65
SAND	65	90

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

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# 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: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 9-17-10

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H 41  
 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>Cy Daquilla</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 866</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>New Rhodes La 70760</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>3N</u> Rng <u>1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>8</u> Miles <u>N/E</u> of <u>Woodville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1HP</u>
Date Pump Installed: <u>9-18-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-18-10</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>65</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>10</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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]  
 Signature of Pump Installer

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 OCT 13 2010  
 BY: OLWR