

# 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: M 32  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 11/6/09

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>Patrick, John</u>	Latitude: <u>31.05.39"</u> Longitude: <u>91.19.60"</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. Box 3030</u>	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>2N</u> Rng <u>2W</u>	Distance <u>3</u> Miles Direction <u>SW</u> of Nearest Town <u>Woodville</u>	
<u>St Francisville La 70775</u> City State Zip Code	Well Data		
Telephone No. ( ) _____	Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>11/6/09</u> Date well drilling completed: <u>11/6/09</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>72'</u> feet above or below (circle one) land surface Date measured: <u>11-6-09</u>		
	Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____		
	Hole depth: <u>120'</u> Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <u>Cement</u> Bentonite Mix		
	Casing length: <u>100</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
	Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
	Screen slot size: <u>0010</u> inches Setting depth: From <u>100</u> feet to <u>120</u> feet		
	Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
<u>RAYBORN DRILLING, INC.</u> <u>0-60</u>			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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M32

If well telescopes please sketch below and show depths.

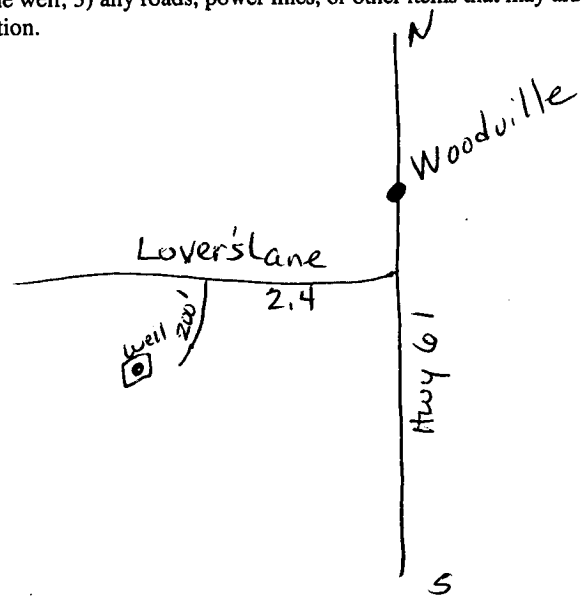
Ground Level

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Description of Formations Encountered	From	To
Chalk	0	65
Sand & Chalk streaks	65	80
Medium SAND	80	120

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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# 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: M32  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 11-6-09

**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>John Patrick</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 3030</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>St Francisville LA 70775</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>2N</u> Rng <u>2W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>SW</u> of <u>Woodville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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 HP</u>
Date Pump Installed: <u>11-6-09</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-6-09</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>72</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
Test Pumping Rate: <u>10</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]  
 Signature of Pump Installer

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