

# 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: N 35  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 7/10/10

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>Debbie &amp; Tommy Broch</u>	Latitude: <u>31.08.34</u> Longitude: <u>91.12.29</u>
Mailing Address: <u>180 Cedar Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McComb MS 39648</u>	<u>NW 1/4 NW 1/4 Sec 15 Twn 2N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 516-0493</u>	<u>5</u> Miles <u>E, NE</u> of <u>Woodville</u>

**Well Data**

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

Date well drilling started: 7-10-10 Date well drilling completed: 7-10-10

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

Static Water Level: 55' feet above of below (circle one) land surface Date measured: 7-12-10

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

Hole depth: 180' Well depth: 175' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 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 155 feet to 175 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.

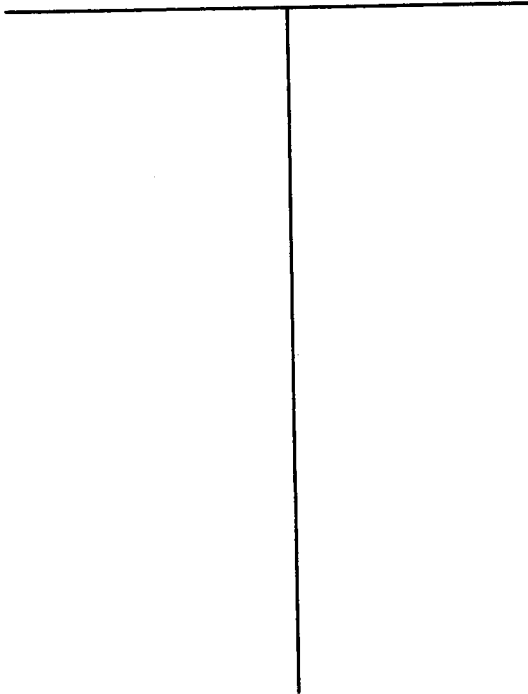
**RAYBORN DRILLING, INC.** 00-60 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

N35

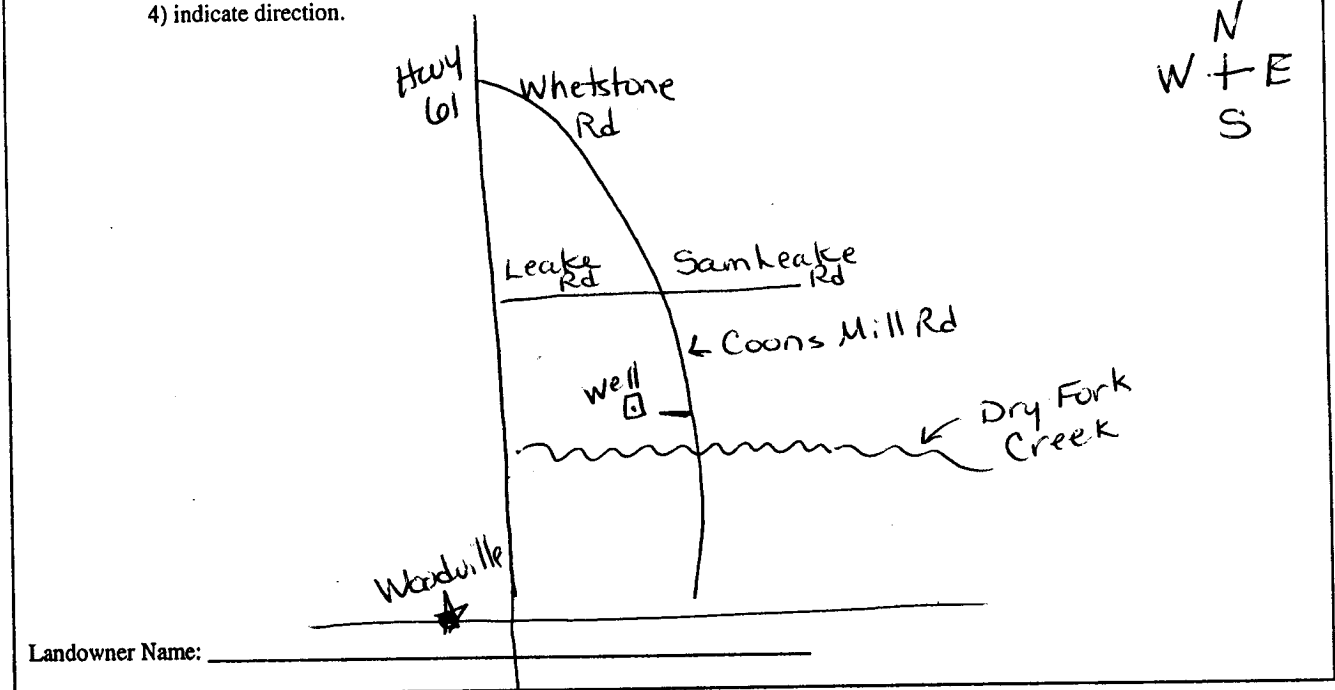
Ground Level



Description of Formations Encountered	From	To
Chalk	0	125
Silly SAND	125	150
MED SAND	150	160
COARSE SAND	160	175

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.



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: N35  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 7-10-10

**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>Debbie &amp; Tommy Broch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>180 Cedar Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McComb, MS 39648</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>2N</u> Rng <u>1W</u>
Telephone No. <u>(601) 516-0493</u>	Distance Direction Nearest Town <u>5</u> Miles <u>E/NE</u> of <u>Woodville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<b>Electric Motor</b> <input checked="" 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>1 HP</u>
Date Pump Installed: <u>7-12-10</u>	Setting Depth: <u>175</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>7-12-10</u>	Air Line <input type="radio"/> <b>Electric Measuring Line</b> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>55</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)]: <u>140</u> 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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 AUG 02 2010  
 BY: OJWB