State V	Vell Report	For Office Use Only:
Adams	Part 1	Aquifer: F/46
Mississippi Departing	ent of Environmental Quality and Water Resources	Aquifer:       Well #:
$\overline{G}$ $\rho$	Box 10631	L. S. Elevation:
Date drilling completed: 91410 Jackson, (60)	MS 39289-0631 1)961-5210	
	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.		
Well Owner Information		ll Location
Owner Name D+D Drilling Inc	Latitude: 31 . 28, 53	2" Longitude: 91 . 23, 00,
Mailing Address: P.O.Box 1634	Method of Lat/Long (circle o	ne): Conventional Survey,
	USGS quad, Hand-hel	d GPS, Survey-grade GPS
Ferriday LA 71334 City State Zip Code	IR 14 IR 14 Section	Twn 6N Rng 3W
City State Zip Code	Distance Direction	Nearest Town of Butter lake
Telephone No. (318) 757 - 3274	2.5 Miles _VV	of Butter Law
	ll Data	· · · · · · · · · · · · · · · · · · ·
		Other: Rig Supply
Date well drilling started: 9-4-10 Da	te well drilling completed:	1-9-10
If flowing, method of flow regulation: Valve Othe	r (describe)	
Static Water Level: 35, feet above or below (circle on	e) land surface Date measured	1: [0]1]10
Method of Measurement (circle one) steel tape electric to	air line other:	
Hole depth: 1401 Well depth: 1401	Well grouted to a depth of	feet
	lix	<b>6</b>
Casing length: 120 feet Casing diameter: 4	inches Type of casing:	210
Screen length: 20 feet Screen diameter: 4		PVC
Screen slot size: 1020 inches Setting depth: Fro	m 120 feet to	140feet
Type of completion (circle all applicable): Cravel packed Un	nderreamed Telescoped Op	en hole Natural Development
Other (describe):		
Top or top pro-		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 applicab	le requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi	Department of Health regulation	ons and state laws.
RAYBORN DRILLING, INC. 0-60		2/2
Print Name of Water Well Contractor and License No.	RECEWE	of Water Well Company
	OCT 0 7 2010	OCT 07
	-V.OIM	work .

## STATE WELL REPORT

## Part 2

Adamo

County:

Permit #:

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

For O	ffice Use Only:
Aquifer:	F146
Well #:	
Elevation: _	

O 11 15		S 39289-0631 061-5210	WCII#.	
Date completed: 4-4-10	(···)	-6938 (fax)	Elevation:	
This report should be prepared by the installation of pump.				
Well Owner Information	n	Well	Location	
Owner Name: D+D Drillin	,	Latitude:	Longitude:	
Mailing Address: POBOX 16	34	Method of Lat/Long (circle on	e): Conventional Survey,	
<u> </u>	712211		refights 6N Rng 3 W	
Ferriday LA City State	11334			
City State	Zip Code	Distance Direction	Nearest Town	
Telephone No. (313) 757-3214		Miles o	Butler Lake	
Pump Type Circle one			wer Type ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well		(specify):	
Other (specify):		Horse Power Rating of Motor	: 5HP	
Date Pump Installed: 10 110		Setting Depth:		
. 100	Gallons Per Minute	Number of Stages:		
Pump, Test Data			asuring Water Level	
Date Well Tested: 10 1 10		C	ircle one	
Static Water Level (A): 25 Feet 1		Air Line Electric Mea	asuring Line Steel Tape	
		Other (specify):		
Pumping Water Level (B):Feet F				
Drawdown [(B) – (A)]:Feet	Below Land Surface	1	nut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after _	hours of pumping	
I HEREBY CERTIFY that the above statem	ents are true to the best of	of my knowledge.		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Cay Raybor O-60

Print Namo of Pump Installer and License No. (if applicable)

Signature of Pump Installer

OCT O MAN

•					.1 41
If well telescopes	please sketch	below	and	snow	aepuns.

Ground Level		

Description of Formations Encountered	From	То
CLay	0	75
MED SAND	75	KO
Coanse SAND	(00	140
•		-
		1
		1

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.  Butter hale  Thuy 61	
Hutchins tanding Rd Sibley	
Landowner Name:	

Signature of Water Well Contractor

RECEIVED
OCT 0 7 2010
BY: OLWR