

TERRELL #1

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: C60
Aquifer:
E-Log #:

County: Amite
Permit #:
Driller: Gary Rayborn
Date drilling completed: 8/25/14

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: D & D Drilling Inc
Mailing Address: P.O. Box 1634 Ferriday LA 71334
Telephone No. (318) 757-3274
Well or Borehole Location
Latitude: 31° 17' 59" Longitude: 91° 45' 21"
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4, Sec 24 T4N R4E
.2 Miles S of Brookside

Well / Borehole Data
Date drilling started: 8/25/14 Date drilling completed: 8/25/14 Hole depth: 160 Hole diameter: 4"
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe)
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): Rig Supply
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 70 feet [above or below] land surface Date measured: 8/25/14
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .020 inches Setting depth: From 140 feet to 160 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: feet

If telescoped or more than one screen, describe on next page

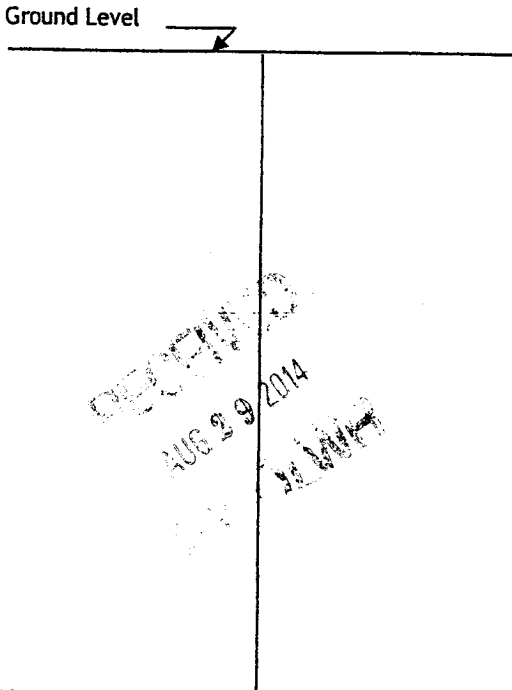
RECEIVED
AUG 29 2014
Form: OLWR-SWR-1A (4/13)

County: Amite  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 060

The sketch below only required for water wells

If well telescopes, show depths on sketch.



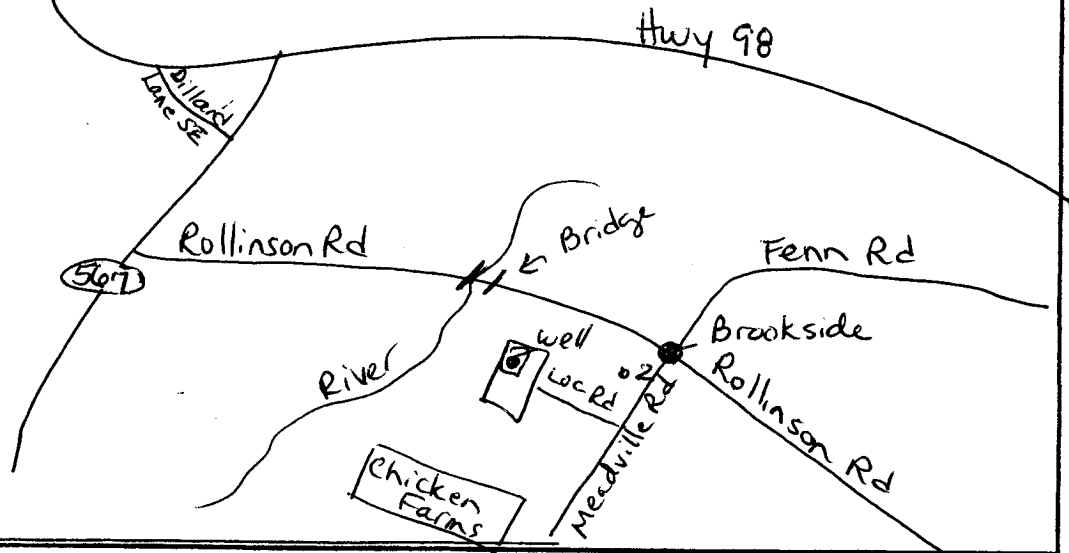
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	20
Gravel	20	80
Clay	80	100
Pea Gravel	100	160

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) north arrow



Landowner Name: \_\_\_\_\_

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Rayborn Drilling Inc 0-60      8/26/14      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 8/25/14  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: 660  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>D &amp; D Drilling Inc</u>	Latitude: <u>31°17'59"</u> Longitude: <u>91°45'21"</u>
Mailing Address: _____ <u>P.O. Box 1634</u>	Method of Lat/Long (check one): Conventional Survey _____ <span style="margin-left: 100px;">90</span>
<u>Ferriday</u> <u>LA</u> <u>71334</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	1/4 _____ 1/4, Sec <u>24</u> T <u>4N</u> R <u>4E</u>
Telephone No. <u>(318) 757-3274</u>	<u>0.2</u> Miles <u>S</u> of <u>Brookside</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 8/25/14 Rated Pump Capacity: 60 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5HP Setting Depth: 126 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8/25/14 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Rayborn Drilling Inc. 0-60 8/26/14 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer