

~~\*Transfer of Rig Supply Well to Landowner\*~~

### 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 #: K132  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date drilling completed: \_\_\_\_\_

~~Pump pulled + well capped~~

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Earl Gay Edwards</u> Mailing Address: <u>7277 Thompson Rd</u> <u>Smithdale</u> <u>MS</u> <u>39664</u> City State Zip Code Telephone No. ( ) _____	<b>Well or Borehole Location</b> Latitude: <u>31° 15' 27" N</u> Longitude: <u>90° 31' 46" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u> ¼ <u>NW</u> ¼, Sec <u>3</u> T <u>3N</u> R <u>6E</u> <u>3</u> Miles <u>E</u> of <u>Thompson</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: \_\_\_\_\_ Hole diameter: \_\_\_\_\_

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): \_\_\_\_\_

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

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: \_\_\_\_\_ Well grouted to a depth of: \_\_\_\_\_ feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: \_\_\_\_\_ feet Casing diameter: \_\_\_\_\_ inches Type of casing: \_\_\_\_\_

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

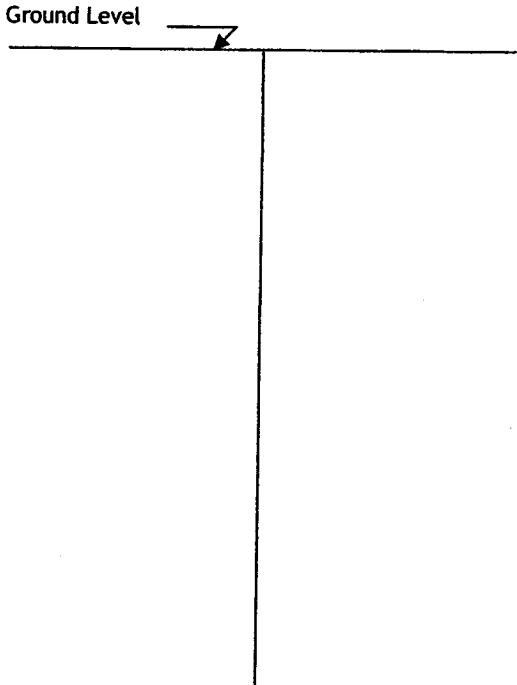
RECEIVED  
AUG 05 2013

BY: OLWR

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

**For Office Use Only:**  
Well #: K132

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) Ground level	To (depth)

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

*Transfer -  
See attached  
Original Report  
for D&D Drilling Inc.  
Pump pulled +  
well capped  
6-31-13*

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.

Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_ Signature of Licensee \_\_\_\_\_

*A* Leaving for Land owner *\**

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#### Part 1

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P.O. Box 2309  
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#### For Office Use Only:

Well #: K132  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 7/1/13

*Earl Gray Edwards 3-7#1*

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>D+D Drilling Inc</u> Mailing Address: <u>P.O. Box 1634</u> <u>Ferriday LA 71334</u> City State Zip Code Telephone No. <u>(318) 757-3274</u>	<b>Well or Borehole Location</b> Latitude: <u>31° 15' 27" N</u> Longitude: <u>90° 31' 46" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4, Sec. <u>3</u> T. <u>3N</u> R. <u>6E</u> <u>3</u> Miles <u>E</u> of <u>Wabash Thompson</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**

Date drilling started: 7/1/13 Date drilling completed: 7/1/13 Hole depth: 100' 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: 55 feet [above or  below] land surface Date measured: 7-1-13  
(circle one)

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

Well depth: 100' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1020 inches Setting depth: From 80 feet to 100 feet 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*

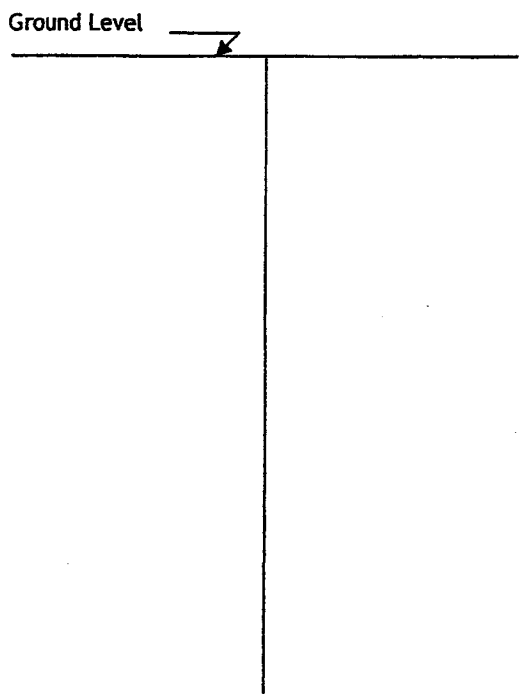
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If well telescopes, show depths on sketch.

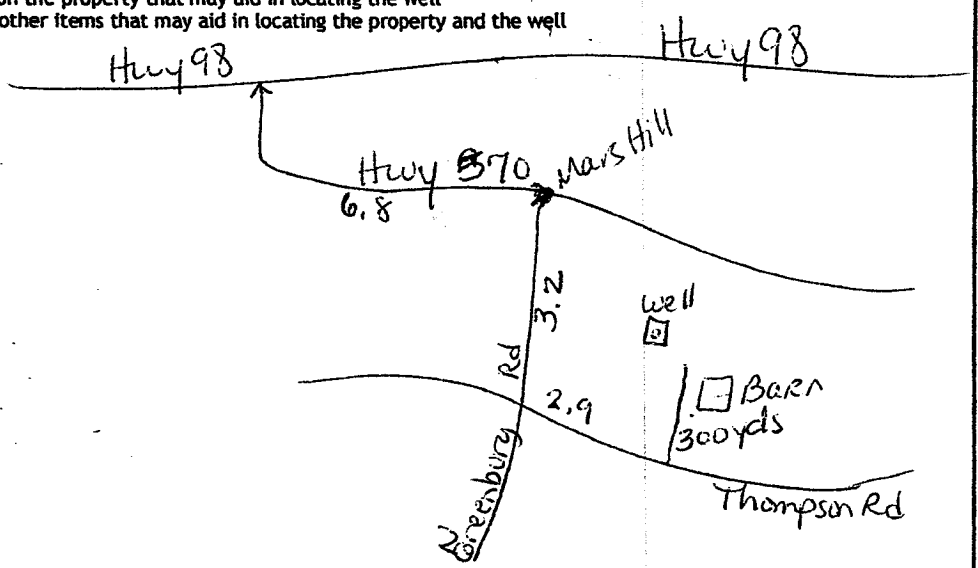


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Chalk	Ground level	30
Red Clay	30	50
Silt	50	60
Coarse Sand	60	75
Gravel	75	100

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.

Gary Rayborn 0-600 7/15/13  
 Print Name of Responsible Licensee and License No.      Date

  
 Signature of Licensee

RECEIVED