

Moon, Hines + Tigrrett
Dean 14-1 #1

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: _____
Well #: C24
L. S. Elevation: _____
E-log #: _____

County: Clarke
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 9-17-11

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>D+D Drilling Inc</u>	Latitude: <u>32° 12' 08"</u> Longitude: <u>88° 39' 49"</u>
Mailing Address: <u>PO Box 1634</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ferriday La 71334</u>	NW ¼ SE ¼ Sec <u>9</u> Twn <u>4N</u> Rng <u>16E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(38) 757-3274</u>	<u>1.2</u> Miles <u>Due East</u> of <u>Sable, MS</u>

Well Data

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

Date well drilling started: 9-15-11 Date well drilling completed: 9-17-11

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 9-17-11

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

Hole depth: 190' Well depth: 190' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 150 feet to 190 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

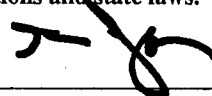
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.

0-60



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RAYBORN DRILLING, INC.

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)

County: Clarke
Permit #: _____
Driller: Gary Rayborn
Date completed: 9-17-11

For Office Use Only:
Aquifer: _____
Well #: C24
Elevation: _____

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>D+D Drilling Inc.</u>	Latitude: <u>32-12-08</u> Longitude: <u>88-39-49</u>
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Fernday La 71334</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 9 Twn 4N Rng 16E</u>
Telephone No. <u>318) 757-3274</u>	Distance Direction Nearest Town
	<u>1.2 Miles Due East of Sable, MS</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>5 HP</u>
Date Pump Installed: <u>9-17-11</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-17-11</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>145</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>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</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

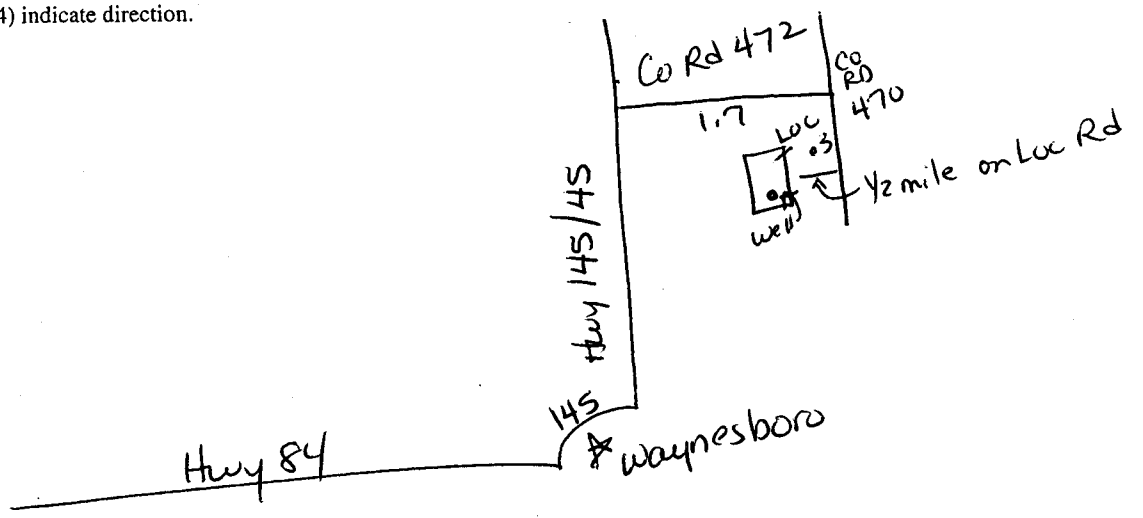
If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
CHALK	0	40
HARD SHALE	40	100
SHALE	100	135
SAND	135	165
Sand ^w /streaks of Clay	165	170
SAND	170	190

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