Blackstone 19-9#2

county: Covington
Permit #:
Driller: Gary Rayborn
Date drilling completed: 81514

Owner Name:

Well Owner Information (Landowner if borehole is not for a water well)

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 #: <u>B64</u>				
Aquifer:				
E-Log #:				

Well or Borehole Location

Latitude: 31 43 51 Longitude: 89 38

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.

Mailing Address:	method of Latt Long (check one): Conventional Survey,				
P. D. Box 1634	USGS quad, Hand-held GPS, Survey-grade GPS				
T 1 10 Missel	NW 14 SE 14, Sec 19 T 9N R 16W				
City State Zip Code	2 Miles S/SE of Mt. Olive				
Telephone No. (318) 757-3274	(Distance) (Direction) (Nearest Town)				
, Well / B	orehole Data				
Date drilling started: 8 15 14 Date drilling completed: 8 15 14 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 c	onstruction, 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: 45feet [above_or(below] land surface Date measured: 8 15114					
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):				
Well depth: 100 Well grouted to a depth of: 10 f	eet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 20 feet Casing diameter:	0.5				
Screen length: 20 feet Screen diameter:	inches Type of screen:				
Screen slot size: • 020 inches Setting depth:	From 80 feet to 100 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	ACC ACC				
If telescoped or more than o	one screen, describe on next page				
	Form: OLWR-SWR-1A (4/13)				

county: <u>Covination</u>		Fo	r Office Use	Only:
Permit #:		Well #: _	B64	
The sketch below only required for water wells	<u>Description of formations end</u> and boreholes, unless specific	countered cally exem	must be provided pted by regulation	d for all wells
If well telescopes, show depths on sketch.	Description of Formations Encou		From (<i>depth</i>)	To (depth)
Ground Level	Red Sandy Ch	alk	Ground level	40
	1			
	Sand + Pea Gro	rvel	40	100

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the office of		·		
All the Control of th				
				
				··
				
If more than one screen, show location of each on sketch			<u>,</u>	
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in 4) north arrow	d in locating the well locating the property and the well	35/ 135/		

thon 35	Locales			
that the same of t	well well		4.	
	-	`	Y2 49	,
			X	
			\9	
Landowner Name:			\	
HEREBY CERTIFY that the well/borehole was drilled, crequirements of the Mississippi Department of Environn if applicable, and state laws.	constructed, and completed in a mental Quality and the Mississipp	accordance oi Departn	e with all applic nent of Health r	able egulations,
Rayborn Drilling Inc 0-60 Print Name of Responsible Ucensee and License No.	8 26 14	7	· K	
this rame of responsible Escensee and License No.	Date	Signature	of Licensee Form: OLWR-S	WR-1A (4/13

STATE WELL REPORT

County: _ Permit #: Driller: _ Date completed: Copy information from block on Part 1

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)

For Office Use Only:			
well #: <u>B64</u>			
Aquifer:			

	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.			
Well Owner Information	· Well Location			
Owner Name: D & D Drilling Inc	Latitude: 31°43′51″ Longitude: 89°38′30″			
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,			
P. U. Box 1634	USGS quad, Hand-held GPS, Survey-grade GPS			
Ferriday LA 71334 City State Zip Code	NW 1/4 SE 1/4, Sec 19 T 9N R 16W			
City / State Zip Code	2 Miles SISE of M+, Dlive (Distance) (Direction) (Nearest Town)			
Telephone No. (318) 757-3274	(Distance) (Direction) (Nearest Town)			
Pump Typ	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 8 15 14 F	Rated Pump Capacity:			
Is This Pump (circle one): New Repaired Replacemen	nt			
Power Ty	pe (circle one)			
Electric Diesel Gasoline Natural Gas Tractor PTO Win	dmill Other (describe):			
Horse Power Rating of Motor: 5HP Setting Dept	h: 84'feet Number of Stages:			
Pump Test Data	for Non Flowing Well			
Date Well Tested: 81514	Duration of Pump Test (minimum 4 hours): hours			
Static Water Level (A): 45 Feet Below Land Surface	Duration of Pump Test (<i>minimum 4 hours</i>): hours Pumping Water Level (B): Feet Below Land Surface			
Drawdown [(B) - (A)]:Feet Below Land Surf	ace Test Pumping Rate: 6 O Gallons Per Minute			
Method of measurement (circle one): Steel tape Electric ta	pe Air line Other (describe):			
/ Pump Test Dat	a for Flowing Well			
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet_afterhours of pumping			
	nstallation			
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name:	Type of Meter:			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal	×1000, etc): AUS 2 9 300			
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	e 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			

Form: OLWR-SWR-1B (4/13)