

STATE WELL REPORT

Temple Heirs et al #1

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date drilling completed: 6/30/16

Part I
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 #: D34
 Aquifer: _____
 E-Log #: _____

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>D & D Drilling Inc.</u>	Latitude: <u>31°32'49"N</u> Longitude: <u>90°46'37"W</u>
Mailing Address: <u>(for T.O. Kimbrell)</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PO Box 1634</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ferriday LA 71334</u>	<u>SW 1/4 NE 1/4, Sec 26 T. 7N R. 4E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>N</u> of <u>Eddiceton</u>
Telephone No. <u>(318) 757-3274</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6/30/16 Date drilling completed: 6/30/16 Hole depth: 130 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: 6/30/16
(circle one)

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

Well depth: 130 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 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 110 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet

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

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JUL 13 2016

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STATE WELL REPORT

Temple Heirs et al #1

County: Franklin
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 6/30/16
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 #: D36
 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+D Drilling Inc.</u>	Latitude: <u>31°32'49"N</u> Longitude: <u>90°46'37"W</u>
Mailing Address: <u>(for T.O. Kimbrell)</u> <u>PO Box 1634</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ferriday</u> <u>LA</u> <u>71334</u>	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>26</u> T <u>7N</u> R <u>4E</u>
City State Zip Code	<u>5</u> Miles <u>N</u> of <u>Eddiceton</u>
Telephone No. <u>(318) 757-3274</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6/30/16 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: 5 Setting Depth: 105 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 6/30/16 Duration of Pump Test (minimum 4 hours): — hours

Static Water Level (A): 55 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 7/11/16
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received

By OLWR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225
Water Well Plugging/Decommissioning Form
 OLWR-DF-1 (04/08)

D36

COUNTY WELL LOCATED: <u>Franklin</u>		WELL NUMBER: <u>Temple heirs #1</u>
PERMIT NUMBER:	DATE WELL PLUGGED: <u>9-26-16</u>	
NAME OF FIRM PLUGGING WELL: <u>Rayborn Drilling Inc.</u>	TELEPHONE NUMBER: <u>601-445-8930</u>	
NAME AND ADDRESS OF CURRENT LANDOWNER: <u>D & D Drilling Inc. (for T.O. Kimbrell)</u> <u>PO Box 1634</u> <u>Ferriday LA 71334</u>		
WELL LOCATION: <u>SW/NE</u>	SECTION: <u>26</u>	TOWNSHIP: <u>7N</u> RANGE: <u>4E</u>
WELL LOCATION: LATITUDE: <u>31°32'49"N</u>	LONGITUDE: <u>90°46'37"W</u>	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS - HAND HELD OR SURVEY GRADE
DISTANCE: <u>5 m.</u> DIRECTION: <u>N</u> NEAREST TOWN: <u>Eddiceton</u> OTHER LANDMARK:		
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>Rig Supply</u>		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <u>Rayborn Drilling Inc.</u>		
NAME OF LANDOWNER WHEN WELL WAS DRILLED: <u>D & D Drilling Inc.</u>		

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WELL DATA		
WELL DEPTH: <u>130'</u>	HOLE DEPTH: <u>130'</u>	
CASING DIAMETER (IN.): <u>4</u>	CASING LENGTH (FT.): <u>110</u>	TYPE OF CASING: <u>PVC</u>
DEPTH TO STATIC WATER LEVEL: <u>55'</u>	DATE WELL COMPLETED: <u>6-30-16</u>	
WHY IS THE WELL BEING ABANDONED? <u>Finished drilling/completing Temple heirs #1</u>		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

Screen and well casing were left in hole.
Filled screen with sand. Ran trimmie
pipe to top of sand in screen. Pumped
7 sacks of cement with 8% gel to
surface. Cut casing off below grade
and backfilled.

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

Gary Rayborn 0-60
 PRINT NAME MS LICENSE NUMBER
[Signature] 9-27-16
 SIGNATURE DATE

Received

SEP 28 2016

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