Rig 5
Central Lumber Co # 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)

County: Franklin
Permit #:
Driller: Gary Rayborn
Date drilling completed: 1-14-09

For Office Use Only:
Aquifer:
Well #: F-26
L. S. Elevation:
E-log #:

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

Owner Name: D+D Drilling, Inc
Mailing Address: P.O. Box 1634
Ferriday, LA 71334
City State Zip Code
Telephone No. (318) 757-3274

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 25 Twn 6N Rng 1E
Distance 6 Miles Direction W/SW of Nearest Town Roxie

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply
Date well drilling started: 1-13-09 Date well drilling completed: 1-14-09
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 155' feet above or below (circle one) land surface Date measured: 1-14-09
Method of Measurement (circle one) steel tape electric tape air line other: ___
Hole depth: 320' Well depth: 320' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .020 inches Setting depth: From 290 feet to 320 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

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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: Franklin
Permit #:
Driller: Gary Rayborn
Date completed: JAN 14, 09

For Office Use Only:
Aquifer:
Well #: F-26
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

Owner Name: D+D Drilling, Inc.
Mailing Address: P.O. Box 1634
Ferriday LA 71334
City State Zip Code
Telephone No. (318) 757-3274

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 25 Twn 6N Rng 1E
Distance 6 Miles Direction W/SW of Nearest Town Roxie

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 1-16-09
Rated Pump Capacity: 60 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 5
Setting Depth: 189 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: 1-16-09
Static Water Level (A): 155 Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: 50 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line, (Electric Measuring Line), Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded 50 GPM with a drawdown of
feet after hours of pumping

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

Gary Rayborn - 060
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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F-26

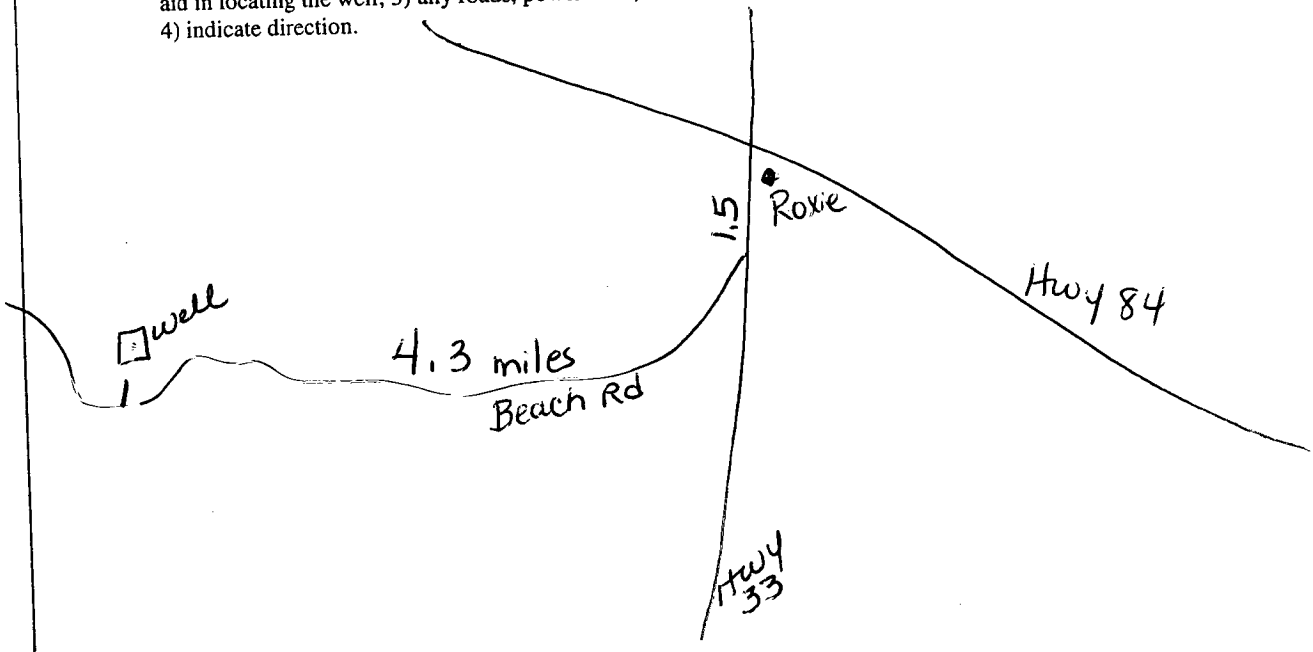
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
White Clay	0	15
Red Clay Gravel	15	55
Grey Chalk	55	285
Medium SAND	285	320

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

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