	Spencer 25-4 No.		
	WELL REPORT For Office Use Only:		
County: Franklin	Part 1 Oriller's Log Well #: PIS 8		
Posmit #: Wississippi Depart	ment of Environmental Quality		
Driller: Gary Taylor	and and Water Resources P.O. Box 2309 E-Log #:		
Date drilling completed: 10815 Jacks	son, MS 39225-2309 (601)961-5210 01)360-0535 (fax)		
State Law requires that this report be prepared by the Department at the above address within 30 days of co	e license holder responsible for the work and filed with the ampletion of drilling of the well or borehole.		
Wall Owner Information	Mell of Policing's Tarana		
(Landowner if borehole is not for a water well)	Latitude: 31°22′4″N Longitude: 90°39′54″W		
Owner Name: D& D Drilling	Method of Lat/Long (check one): Conventional Survey,		
Mailing Address: (For Moon, Hines, Tignett)	USGS quad, Hand-held GPS, Survey-grade GPS		
P.O. Box 1634 NW SWI 25 TEN 05 F			
Ferriday LA 71334 City State Zip Code	10 Miles 5 of McCall Creek		
	(Distance) (Direction) (Nearest Town)		
Telephone No. (318) 757-3274			
Well /	Borehole Data		
Date drilling started: 10 8/15 Date drilling complete	Borehole Data d: 10 8 15 Hole depth: 160 Hole diameter: 4		
Location of the source of any surface water used for dril	ling:		
Method of dosing and volume of Chlorine used in drilling	and development:		
Logs run (circle all applicable): No log run Electric Gar	mma Ray Density Sonic Neutron Other:		
Name of organization running log(s):	Land Duran		
Pulpose of boreflote (effect only)	nnical/Geological Investigation Ground Source Heat Pump		
	er (describe)		
If drilling is not related to water well	l construction, skip the remainder of this block		
Purpose of Well (circle all applicable): Home Industria	al Public Supply Irrigation Fish Culture		
Other (describe): Rig Supply			
	Other (describe)		
Static Water Level: 70 feet [above or bel (circle one)	low] and surface Date measured: 10 8 15		
Mathad of measurement (circle one): Steel tape (Electr	ric tape) Air line Other (describe):		
Well depth: 160 Well grouted to a depth of: 10	feet Type of grout (circle one) Neat Cement Bentonite Mix		
Casing length: 120 feet Casing diameter:	$\frac{4}{\text{inches}}$ Type of casing: $\frac{PVC}{PVC}$		
Screen length: 40 feet Screen diameter:	inches Type of screen: PVC		
Screen stor size.	oth: From 120 feet to 160 feet		
Type of completion (circle all applicable) Gravel packet	d Underreamed Open hole Natural Development		
Other (describe):	New and order		

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

Form: OLVIR-WH-1W 4413)

Top of lap pipe or reduction in casing: _____feet

County: Franklin Permit #:		For	nce 25- r Office Use	Only:
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations and boreholes, unless speci	encountered i ifically exemp	must be provide oted by regulati	d for all wells
Ground Level	Pescription of Formations End	day	From (depth) Ground level	To (depth)
	Red clay gra Gravel Coarse san		20 80 140	80 140 160
	Coa se sar		140	
If more than one screen, show location of each on sketch	h			
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may a any roads, power lines, or other items that may a 4) north arrow	id in locating the property and the we		N	
Hwy 84	McCall	Creek	Tob	Brook-
Bilde		\$		naven
		747		
	was the character	03		
they 98	(0) %	ation K.		
		¥	toc	•
_andowner Name:			to Sun	nni+
HEREBY CERTIFY that the well/borehole was drille requirements of the Mississippi Department of Envir of applicable, and state laws.	ed, constructed, and completed in conmental Quality and the Mississi	accordance ppi Departme	with all applications of Health re	able egulations,
Rayborn Drilling Inc. 0-60 Print Name of Responsible Licensee and License No.	10/9/15 Date	Signature of	of Lick Nee	· · · · · · · · · · · · · · · · · · ·
and a magazine discussed and meeting the	-	signature (Form: OLWR-S	WR-1A (4/13)

STATE WELL REPORT

County: Frankl

Date completed: 10

Copy information from block on Part 1

Driller: Gary

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)

<	Spencer 25-4 No	,
	For Office Use Only:	
	Well #: <u>V /50</u>	
	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

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1

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 dataress within 50 mays of
Well Owner Information
Owner Name: D& D Drilling Latitude: 31224 N Longitude: 90 5151 W
Method of Lat/Long (check one); Conventional Survey.
IISGS quad Hand-held GPS, Survey-grade GPS
T- 14 71334 NW 4 SW 4, Sec 25 T5N R5E
City State Zip Code 10 Miles S of Mc Call Creek
Telephone No. (318) 757-3274 (Distance) (Direction) (Nearest Town)
Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Set Fistor Rocary State (Controlled) Date Pump Installed:
Date Pump Installed: Kated Fullip Capacity:
Is This Pump (circle one): New Repaired Replacement Power Type (circle one)
Power Type (checke one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: Setting Depth: feet Number of Stages:
Ca Nan Flowing Well
Date Well Tested: 10/9/15 Duration of Pump Test (minimum 4 hours): hours
7 Freet Below Land Surface Pumping Water Level (B): Peet Below Land Surface
Static Water Level (A): Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Method of measurement (circle one): Steel tape Electric tape All time other (coronal years) Pump Test Data for Flowing Well
Measured shut in head:feet. Well yieldedGPM with a drawdown offeet afterhours of pumping
Meter Installation
Meter Manufacturer: Meter Serial Number:
Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gat x 1000, etc):
At the installed by:
Institution 5 and
is this meter (there one).
Important: By submitting the above information you are certifying that this meter. 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 10/9/15 Rayborn Drilling Inc. 0-60 10/9/15 Signature of Pump Intaller Signature of Pump Intaller
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer Form: OLVR-SWR-1B (4113