

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 #: A-87
L. S. Elevation: _____
E-log #: _____

County: Jefferson-Davis

Permit #: _____

Driller: Gary Rayborn

Date drilling completed: 9-14-05

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</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 1634</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad; Hand-held GPS, Survey-grade GPS |
| <u>Ferniday LA 71334</u> City State Zip Code | ____ 1/4 ____ 1/4 Sec <u>21</u> Twn <u>9N</u> Rng <u>19W</u> |
| Telephone No. (<u>38</u>) <u>757-3274</u> | Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Gwinville</u> |

Well Data

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

Date well drilling started: 9-14-05 Date well drilling completed: 9-14-05

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 9-14-05

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

Hole depth: 140' Well depth: 140' Well grouted to a depth of 10' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 120 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 120 feet to 140 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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A-87

If well telescopes please sketch below and show depths.

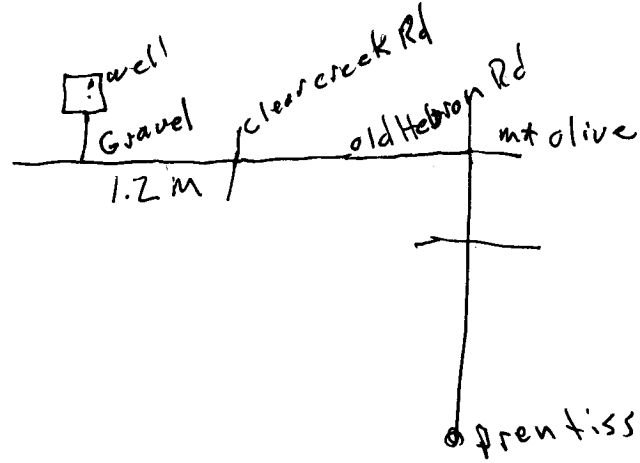
Ground Level

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| SAND | 0 | 20 |
| GRAVEL | 20 | 60 |
| CHALK | 60 | 80 |
| Pea Gravel | 80 | 140 |
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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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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: Jefferson Davis
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 9-14-05

For Office Use Only:

Aquifer: _____
 Well #: A-57
 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</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 1632</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Ferriday LA 71334</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>9N</u> Rng <u>19W</u> |
| Telephone No. <u>(318) 757-3274</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>SW</u> of <u>Gwinville</u> |

| Pump Type Circle one | Power Type Circle one |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5hp</u> |
| Date Pump Installed: <u>9-14-05</u> | Setting Depth: <u>105</u> feet |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>9-14-05</u> | <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>55</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>60</u> GPM with a drawdown of |
| Test Pumping Rate: <u>60</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.

Rayborn Drilling Inc 0-60 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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