County: Jefferson Davis
Permit #:
Driller: Gary Rayborn
Date drilling completed: 9-8-04

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 #: B-25 065
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
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 19 Twn 9N Rng 18W
Distance 3 Miles Direction SE of Quinville

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 9-8-04 Date well drilling completed: 9-8-04
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 85' feet above or below (circle one) land surface Date measured: 9-8-04
Method of Measurement (circle one) steel tape electric tape (air line) other:
Hole depth: 190 Well depth: 190 Well grouted to a depth of 10' feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 170 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 170 feet to 190 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 0-60 — Signature
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

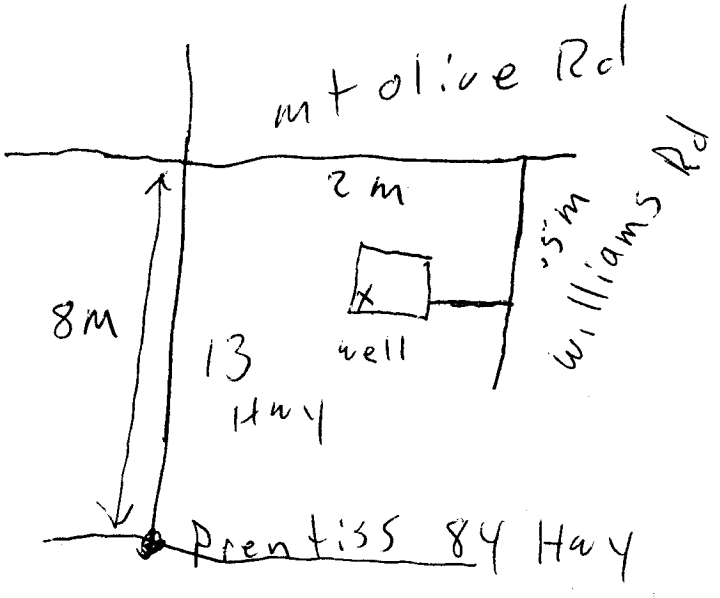
If well telescopes please sketch below and show depths.

Ground Level B-25

Description of Formations Encountered	From	To
Red Sand & clay mix	0	60
white clay	60	90
Gray Clay	90	165
sand	165	190

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

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: 9-8-04

For Office Use Only:
Aquifer: _____
Well #: B-25
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
Mailing Address: PO 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 19 Twn 9W Rng 18W
Distance Direction Nearest Town
3 Miles SE of Gwinville

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____
Date Pump Installed: 9-8-04
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: 147 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 9-8-04
Static Water Level (A): 85' Feet Below Land Surface
Pumping Water Level (B): [redacted] Feet Below Land Surface
Drawdown [(B) – (A)]: _____ Feet Below Land Surface
Test Pumping Rate: 70 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 70 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 0-60
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer