County: <u>Jefferson</u> Permit #: Driller: <u>Georg Rouborn</u> Date drilling completed: <u>83109</u> Mississippi Departme Office of Land P.O. Jackson, I (601)3	Vell Report Part 1 nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631 .)961-5210 54-6938 (fax)	For Office Use Only: Aquifer:
State Law requires that this report be prepared by th	e driller in detail and filed v	with the Department within
30 days of completion of drilling of the well. Well Owner Information		ll Location
Owner Name Leonard Burtrand	Latitude: <u>31 • 47 ·</u> 2	C Longitude: <u>91.03.</u>
Mailing Address:	Method of Lat/Long (circle of	one): Conventional Survey,
	USGS quad, Hand-hel	d GPS, Survey-grade GPS
Opplusa La	51 1 51 14 Sec 6	<u>7_Twn_ION_Rng_2E</u>
Opolusa La City State Zip Code Telephone No. (331) 945 - 2704	Distance Direction 5,5 Miles N	
	ll Data	
Hole depth:	(describe) e) land surface Date measured upe air line other: Well grouted to a depth of fix inches Type of casing: inches Type of screen: mfeet to	$\frac{9-2-09}{f - 10 - feet}$ $\frac{9-2}{f - 10} = \frac{10}{f - feet}$ $\frac{9}{255} = \frac{10}{f - feet}$ been hole Natural Development
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 Department of Environmental Quality and/or the Mississippi RAYBORN DRILLING, INC.	in accordance with all applical Department of Health regulati	ble requirements of the Mississippi ons and state laws.
Print Name of Water Well Contractor and License No.	Signatur	e of Water Well Contractor
	· · · · · · · · · · · · · · · · · · ·	RECEIVEI
		OCT 0 2 2009
		BY: OLW

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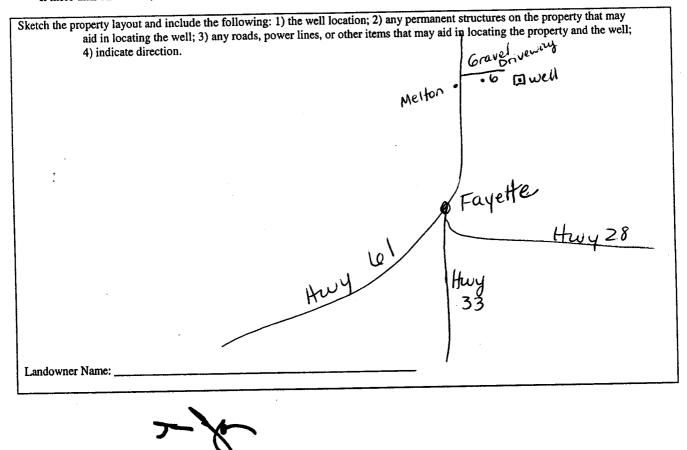
D 24

If well telescopes please sketch below and show depths.

Ground Level

	Description of Formations Encountered	From	10
	TOP SOIL	_ 0	15
	RED SAND	- 15	30
	CHALK .	50	120
	POWDER SAND	120	140
•	CHALK	140	300
	FINE SAND	300	320
	MEDIUM SAND	320	355
			1

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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Owner Name: Leonard Burtrand Latitude: 31-47-2 Mailing Address: Method of Lat/Long (circle USGS quad, H	Well Location 3_Longitude:91-03-19
Mailing Address: Method of Lat/Long (circle	
USGS quad, H	
(JOO) VSSA LA ISW 14 SW 14 Sec	and-held GPS, Survey-grade GPS
City State Zip Code	67 Twn ION Rng 2E
Distance Direction	<i></i>
Telephone No. (337) 945-2704 <u>5,5 Miles N</u>	of Thyelle
	Power Type
Circle one	Circle one
	soline Engine Natural Gas
Bucket Piston Turbine Electric Motor Ha	
	her (specify):
	otor: <u>1,5</u>
Date Pump Installed: $9/2/09$ Setting Depth:	
Rated Pump Capacity: <u>25</u> Gallons Per Minute Number of Stages:	
Pump Test Data Method of	Measuring Water Level
Date Well Tested: $9/2/09$	Circle one
Static Water Level (A):Feet Below Land Surface	Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	
Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured	d shut in head:feet
Test Pumping Rate: <u>25</u> Gallons Per Minute Well yielded <u>25</u>	GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	erhours of pumping
<u>_</u>	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Gary Rayborn</u> 0-60	<u> </u>
Print Name of Pump Installer and License No. (if applicable) Signature of Pum	p Installer RECI

B	Y	a 0	O	-	_V	V)
Newson		9		054		-	