

Bates et al #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)

For Office Use Only:

Aquifer: _____
Well #: G36
L. S. Elevation: _____
E-log #: _____

County: Jefferson
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 6-9-12

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 Inc.</u> | Latitude: <u>31° 45' 29"</u> Longitude: <u>91° 13' 50"</u> |
| 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>Ferriday, LA 71334</u> City State Zip Code | <u>1R 1/4 1R 1/4 Sec 19 Twn 9N Rng 14</u> |
| Telephone No. <u>(318) 757-3274</u> | Distance <u>4.8</u> Miles Direction <u>N/NE</u> of Nearest Town <u>Church Hill</u> |

Well Data

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

Date well drilling started: 6-9-12 Date well drilling completed: 6-9-12

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 6-9-12

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

Hole depth: 160' Well depth: 160' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 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 140 feet to 160 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. C-60
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

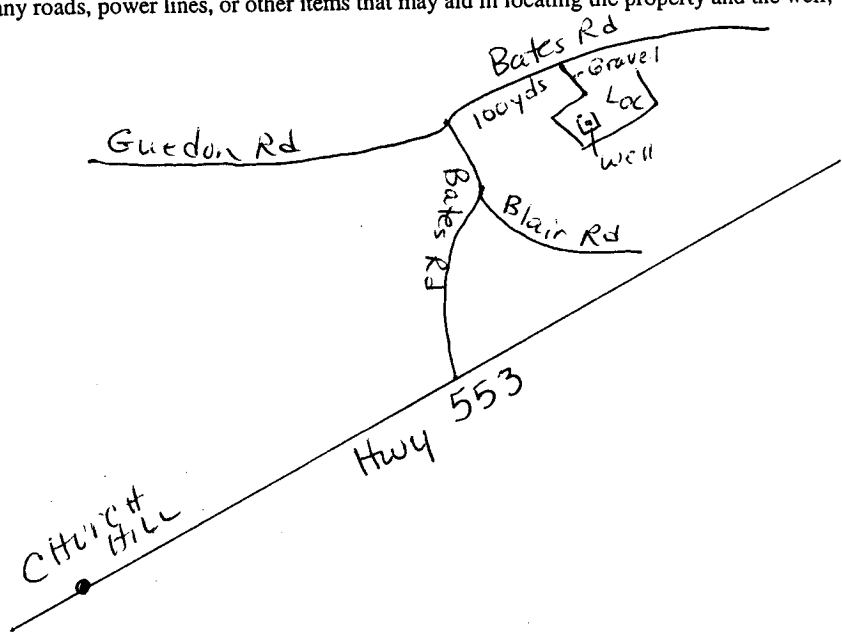
Ground Level

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| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CHALK | 0 | 90 |
| SAND | 90 | 100 |
| CHALK | 100 | 120 |
| SAND w/CHALK STREAKS | 120 | 160 |
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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)

For Office Use Only:

Aquifer: _____
 Well #: 636
 Elevation: _____

County: Jefferson
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 6/9/12

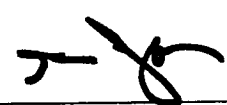
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>D + D Drilling, Inc.</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ <u>P.O. Box 1634</u> <u>Ferriday, LA 71334</u> <small>City State Zip Code</small> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>19</u> Twn <u>9N</u> Rng <u>1W</u> |
| Telephone No. <u>(318) 757-3274</u> | Distance Direction Nearest Town <u>4.8</u> Miles <u>N/NE</u> of <u>Church Hill</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="checkbox"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5 HP</u> |
| Date Pump Installed: <u>5/9/12</u> | Setting Depth: <u>147'</u> feet |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>5/9/12</u> | Air Line <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>115</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>55</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>55</u> Gallons Per Minute | |
| 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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JUN 14 2012

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