

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 #: J-330
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 10-5-07

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° 05' 39"</u> Longitude: <u>87° 35' 58"</u>
Mailing Address: <u>P.O. Box 1634</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	<u>NW 1/4 NW 1/4 Sec 34 Twn 2N Rng 16W</u>
Telephone No. <u>(318) 757-3274</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Baxterville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply
Date well drilling started: 10-5-2007 Date well drilling completed: 10-5-2007
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 86 feet above or below (circle one) land surface Date measured: 10-5-2007
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 150' Well depth: 150' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 0.020 inches Setting depth: From _____ feet to _____ 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

RECEIVED

OCT 25 2007

BY: OLWR

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RAYBURN BELLING, INC.

RAYBURN BELLING, INC. 1000 W. 10th St., Oklahoma City, Oklahoma 73106
Phone: (405) 521-1111 Fax: (405) 521-1112

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 #: J-330
 Elevation: _____

County: Lamar
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 10-5-07

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>	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	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>2N</u> Rng <u>16W</u>
Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town <u>.4</u> Miles <u>N</u> of <u>Baxterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>10-5-07</u>	Setting Depth: <u>126'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-5-07</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>86</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</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.

Gary Rayborn 0-60 **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

OCT 25 2007
 BY: OLWR