

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 #: M-144
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 6/9/05

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.

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JUN 24 2005
BY: ODWR

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>Ferriday LA 71334</u>	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>1N</u> Rng <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>318</u>) <u>757-3274</u>	<u>4</u> Miles <u>W</u> of <u>Isaferville</u>

Well Data

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

Date well drilling started: 6/9/05 Date well drilling completed: 6/9/05

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

Static Water Level: 93 feet above or below (circle one) land surface Date measured: 6/9/05

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: .020 inches Setting depth: From 130 feet to 150 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 O-60
Print Name of Water Well Contractor and License No.

[Signature]
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: Lamar
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 6/9/05

For Office Use Only:

Aquifer: _____
 Well #: M-144
 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.

RECEIVED
 JUN 24 2005
 BY: OLWR

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,
<u>Ferriday LA 71334</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>1N</u> Rng <u>16W</u>
Telephone No. <u>(318) 357-3274</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>W</u> of <u>Bayterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6/9/05</u>	Setting Depth: <u>126</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/9/05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>93</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