e	State W	ell Report		
10000	Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631		For Office Use Only:	
County: Lamar			Aquifer:	
Permit #:			Well #: M-148	
Driller: Gary Rayborn				
		4S 39289-0631 961-5210	L. S. Elevation:	
Date drilling completed: <u>7-28-05</u>			E-log #:	
	(601)354-6938 (fax)			
State Law requires that this rep	ort be prepared by the	driller in detail and filed w	ith the Department within	
30 days of completion of drilling Well Owner Inform	g of the well.	Wel	Location	
Owner Name D+DDril		Latitude:°'	_" Longitude:'	
Mailing Address: P. O. Box 1	634	Method of Lat/Long (circle one): Conventional Survey,		
·	USGS quad; H		d-held GPS, Survey-grade GPS	
Ferriday L City St	A 71334			
City St Telephone No. ( <u>318) 757 - 32</u>	Distance Direction		of Baxeryile	
		D-4-	······································	
		Data	$\bigcirc 0.$	
Purpose of Well (circle one) Home In				
Date well drilling started: $-28$ .			•	
If flowing, method of flow regulation: Va	alve Other (	describe)		
Static Water Level: <u>85</u> feet a	bove or below (circle one)	land surface Date measured:	7-28-05	
Method of Measurement (circle one)				
Hole depth: <u>ZOO</u> Well d	epth: 200'	Well grouted to a depth of	feet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 180 feet Cas	ing diameter: 4"	inches Type of casing:	PVC	
Screen length: <u>201</u> feet Sci	<u> </u>			
Screen slot size: <u>020</u> inches				
Type of completion (circle all applicable				
	Other (describe):	**************************************	· · · · · · · · · · · · · · · · · · ·	
Top of lap pipe or reduction in casing:	feet. If	telescoped or more than one sc	reen, describe on back of page	
Logs run (circle all applicable): No log r	un Electric Gamma Ra	y Density Sonic Neutron	Other:	
Name of organization running log(s): I certify that the well was drilled, cons				
Department of Environmental Quality	and/or the Mississippi D	epartment of Health regulation	s and state laws.	
Rayborn Drilling In	$\sim$ 0.400	<u> </u>		

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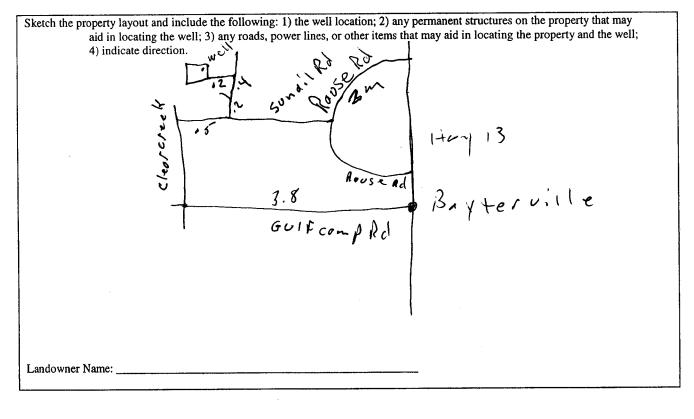
M148

If well telescopes please sketch below and show depths.

## Ground Level

 Description of Formations Encountered	From	То
 Chalk	0	115
Fine sand Coatse Sand	115	160
Coatse Sand	140	200
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

County: Lamar Permit #: Driller: Gary Rayborn Date completed:28-05_	Pump Installer Mississippi Departme Office of Land P.O. Jackson, J (601	Part 2 's Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax)	For Office Use Only: Aquifer: Well #: MIL 8 Elevation:	
This report should be prepared by th installation of pump.		ail and filed with the Departme	nt within 30 days of the	
Well Owner Information		Well Location		
Owner Name: D&D Drilling		Latitude:Longitude:		
Mailing Address: P.O. Box 1634		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Han	USGS quad, Hand-held GPS, Survey-grade GPS	
Ferriday LA 71334 City State Zip Code		1414 Sec8	1414 Sec_ 8Twn_/N_Rng_161	
		Distance Direction Nearest Town		
Telephone No. ( <u>318) 757 - 3274</u>		5 Miles NW of Baxterville		
Pump Type Circle one		Power Type Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine Natural G	
Bucket Piston	Turbine	Electric Motor Hand	Tractor P1	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor	<u>5HP</u>	
Date Pump Installed: <u>7-28-C</u>		Setting Depth: 12		
Rated Pump Capacity: 60		Number of Stages:		
Pump Test Data			easuring Water Level Circle one	
Date Well Tested: 7-28-05				
Static Water Level (A):Fee	Below Land Surface		asuring Line Steel Tape	
Pumping Water Level (B):Feet	Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]:Fee	t Below Land Surface	For flowing well, measured s	hut in head:fe	
Test Pumping Rate:		Well vielded 60	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours)			hours of pumpi	

Signature of Pump Installer