

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-150
L. S. Elevation: _____
E-log #: _____

County: Lamar 073
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 8/10/05

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.

| 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> City State Zip Code | <u>1/4 1/4 Sec 18 Twn 1N Rng 16W</u> |
| Telephone No. <u>(318) 757-3274</u> | Distance <u>2</u> Miles Direction <u>W</u> of Nearest Town <u>Baxterville</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply
Date well drilling started: 8/10/05 Date well drilling completed: 8/10/05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 45 feet above or below (circle one) land surface Date measured: 8-10-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 60 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 60 feet to 80 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]
Signature of Water Well Contractor

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SEP 15 2005

BY: OLWR

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 #: M-150
 Elevation: _____

County: Lamar
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 8/10/05

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</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> | _____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>1N</u> Rng <u>16W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(318) 757-3274</u> | <u>2</u> Miles <u>W</u> of <u>Baxterville</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>8/10/2005</u> | Setting Depth: <u>73'</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>8/10/05</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>45</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.

Rayborn Drilling Inc 060
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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