

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-154
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 9/20/05

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> | <u>1/4</u> <u>1/4</u> 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>4</u> Miles <u>W</u> of <u>Bayferville</u> |

| Well Data | |
|---|--|
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <u>Other: Rig Supply</u> | |
| Date well drilling started: <u>9/19/05</u> | Date well drilling completed: <u>9/20/05</u> |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>53</u> feet above or below (circle one) land surface | Date measured: <u>9/20/05</u> |
| Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____ | |
| Hole depth: <u>110'</u> Well depth: <u>110'</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | |
| Casing length: <u>90</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.020</u> inches Setting depth: From <u>90</u> feet to <u>110</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.

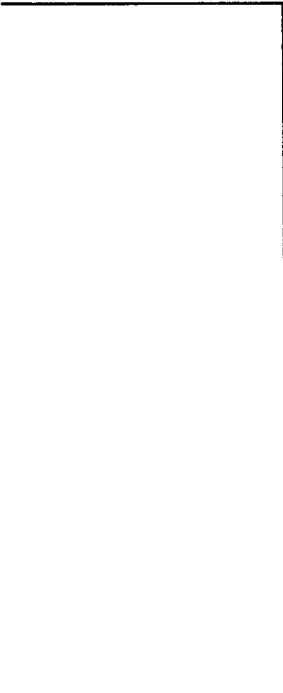
Rayborn Drilling Inc 0-60 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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M-154

If well telescopes please sketch below and show depths.

Ground Level _____

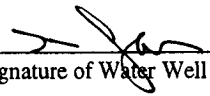


| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 18 |
| Sand and pea gravel | 18 | 110 |
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If more than one screen, show location of each on sketch

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)

County: Lamar
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 9/20/05

For Office Use Only:

Aquifer: _____
 Well #: M-154
 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.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>D & D Drilling</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 1632</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 Direction Nearest Town <u>4 Miles W of 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>5hp</u> |
| Date Pump Installed: <u>9-20-05</u> | Setting Depth: <u>84'</u> feet |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>9/20/05</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>53</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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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