, <i>S</i>		
County: Agaiga		
County: Agaic	10.	
Permit #:		
Driller: Gary	Rayborn	
Date drilling completed	2-9-06	

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

this report he prepared by the driller in detail and filed with the Department within

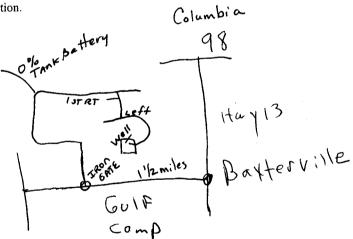
30 days of completion of drilling of the well.		
Well Owner Information	Well Location	
Owner Name D+D Drilling Inc	Latitude:°' Longitude:°'"	
Mailing Address: P.O.Box 1634	Method of Lat/Long (circle one): Conventional Survey,	
Ferriday	USGS quad; Hand-held GPS, Survey-grade GPS	
LA 71334	1414 Sec6Twn NRng_ 6W	
City State Zip Code	Distance Direction Nearest Town Miles W of Baxterville	
Telephone No. (318) 757 - 3274		
Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other: Rig Supply	
Date well drilling started: 2-8-06 Date well drilling completed: 2-9-06		
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:feet above or below (circle one) land surface Date measured:2-9-06		
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: 80 feet Casing diameter: 4" inches Type of casing: PVC		
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC		
Screen slot size: 1020 inches Setting depth: From 80 feet to 100 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	

Description of Formations Encountered	From	10
Clay	0	40
SAnd	40	45
Pallou	45	80
Red Clay Coarse Sand	80	100
Coarse Sans	+	\vdash
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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: Weyerhaeuser

Signature of Water Well Contractor

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BYLOLWH

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 County: Marian Permit #: ____

For Office Use Only:	
Aquifer:	
Well #: M- 158	
Elevation:	

	ackson, MS 39289-0631 (601)961-5210 Well #:	
Date completed: 2-9-06	(601)354-6938 (fax) Elevation:	
installation of nump.	r in detail and filed with the Department within 30 days of the	
Well Owner Information	Well Location	
Owner Name: D&D Drilling In	C Latitude: Longitude:	
Mailing Address: P.O.Box 1634	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Ferriday LA 7133 City State Zip Cod	H	
	Distance Direction Nearest Town	
Telephone No. (318) 757-3274	Miles of Baxterville	
Pump Type	Power Type	
Circle one	Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 5 HP	
Date Pump Installed: 2-9-06	Setting Depth:feet	
Rated Pump Capacity: 60 Gallons Per M	inute Number of Stages:	
	Total Control Vivos	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested: 2-9-06	7 T T T T T T T T T T T T T T T T T T T	
Static Water Level (A):Feet Below Land St	Other (specify):	
Pumping Water Level (B):Feet Below Land Su	rface	
Drawdown [(B) – (A)]:Feet Below Land Su		
Test Pumping Rate: Gallons Per M	inute Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	oursfeet afterhours of pumping	
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		
Print Name of Pump Installer and License No. (if applicable	e) Signature of Pump Installer	

MAR 02 ZISE