

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-179
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 9/12/06

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, Inc</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 11634</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>21</u> Twn <u>1N</u> Rng <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(38) 757-3274</u>	<u>5</u> Miles <u>W</u> of <u>Baxterville</u>

Well Data

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

Date well drilling started: 9/12/2006 Date well drilling completed: 9/12/2006

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 9-12-2006

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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 240 feet to 260 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.

Print Name of Water Well Contractor and License No. 0-60

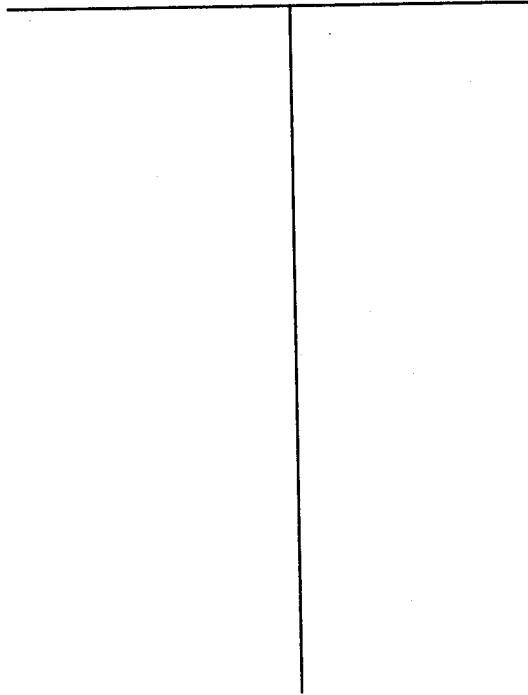
Signature of Water Well Contractor [Signature]

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M-179

If well telescopes please sketch below and show depths.

Ground Level



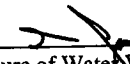
Description of Formations Encountered	From	To
Chalk	0	110
Silt	110	140
Chalk	140	220
Sand	220	260

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.

Columbia ms
Hwy 98
Hwy 13
Baxterville
Golf course
Lost John 3m
Gravel Stay Rt
water well

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)

For Office Use Only:

Aquifer: _____

Well #: M-179

Elevation: _____

County: Lamar

Permit #: _____

Driller: Gary Rayborn

Date completed: 9/12/06

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

Owner Name: D+D Drilling, Inc.

Mailing Address: P.O. Box 1634

Ferriday LA 71334
City State Zip Code

Telephone No. (318) 757-3274

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 21 Twn 1N Rng 16W

Distance Direction Nearest Town

5 Miles W of Baxterville

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 9-12-2006

Rated Pump Capacity: 60 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 5

Setting Depth: 168 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 9/12/2006

Static Water Level (A): 105 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 60 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 60 GPM with a drawdown of

_____ feet after _____ hours 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]
Signature of Pump Installer

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