

# 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-199  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: Gary Rayborn  
Date drilling completed: 6/5/07

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 1634</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Ferriday, LA 71334</u>             | USGS quad, Hand-held GPS, Survey-grade GPS            |
| City State Zip Code                   | <u>1/4 1/4 Sec 4 Twn 1N Rng 16W</u>                   |
| Telephone No. <u>(38) 757-3274</u>    | Distance Direction Nearest Town                       |
|                                       | <u>3 Miles W of Baxterville</u>                       |

**Well Data**

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

Date well drilling started: 6/4/07 Date well drilling completed: 6/5/07

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 6/5/07

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

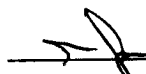
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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

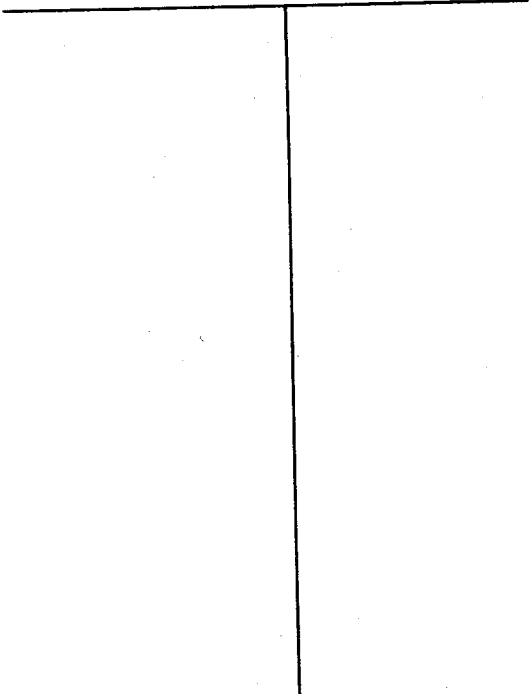
Print Name of Water Well Contractor and License No.

  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

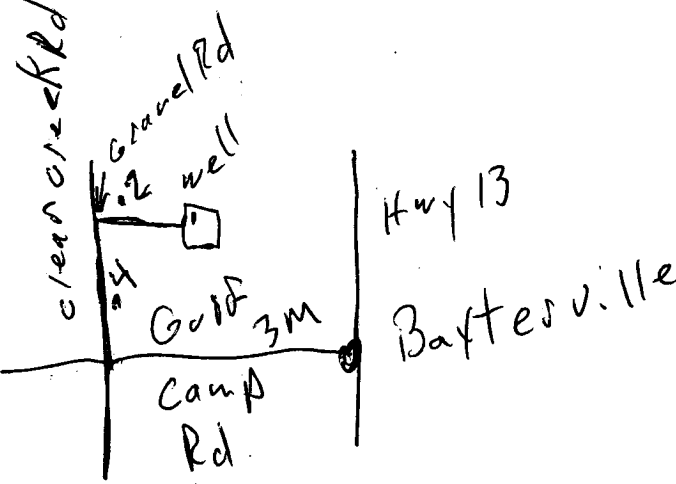
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Chalk                                 | 0    | 10 |
| Sand                                  | 10   | 50 |
| Pea Gravel                            | 50   | 80 |
|                                       |      |    |
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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)

### For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-199

Elevation: \_\_\_\_\_

County: Lamar

Permit #: \_\_\_\_\_

Driller: Gary Rayborn

Date completed: 6/5/07

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 Inc</u> | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>P.O. Box 1634</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Ferriday LA 71334</u>              | _____ ¼ _____ ¼ Sec <u>4</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>3</u> Miles <u>W</u> of <u>Baytownville</u>  |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine                                 | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                       | Windmill Other (specify): _____           |
| Other (specify): _____                                | Horse Power Rating of Motor: <u>5</u>     |
| Date Pump Installed: <u>6/5/07</u>                    | Setting Depth: <u>63</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<br>Circle one   |
|---|---|
| Date Well Tested: _____                                   | Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape              |
| Static Water Level (A): <u>34</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]  
Signature of Pump Installer

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