

# 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-204  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: GARY RAYBORN  
Date drilling completed: 7-19-07

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,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Ferriday, LA 71334</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>1N</u> Rng <u>16W</u>                                       |
| Telephone No. <u>(318) 757-3274</u>              | Distance Direction Nearest Town<br><u>2.5</u> Miles <u>S</u> of <u>Baxterville</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>7-19-2007</u>  | Date well drilling completed: <u>7-19-2007</u>         |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |  |
| Static Water Level: <u>130</u> feet above or <u>below</u> (circle one) land surface                                   | Date measured: <u>7-19-2007</u>                        |
| Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____                              |  |
| Hole depth: <u>320'</u> Well depth: <u>320'</u>   | Well grouted to a depth of <u>10</u> feet              |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix   |  |
| Casing length: <u>300</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>300</u> feet to <u>320</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): _____  |  |

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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



# 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-204

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

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: Gary Rayborn  
 Date completed: 7-19-2007

**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><br>City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>1N</u> Rng <u>16W</u>                                     |
| Telephone No. <u>318) 757-3274</u>              | Distance Direction Nearest Town<br><u>2.5</u> Miles <u>So</u> of <u>Baxterville</u>                 |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5HP</u>                                 |
| Date Pump Installed: <u>7-19-2007</u>  | Setting Depth: <u>210</u> feet  |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute                                      | Number of Stages: <u>14</u>   |

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| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>7-19-2007</u>                         | <input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape   |
| Static Water Level (A): <u>130</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       |   |

**BY: OLWR**

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