

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-205
L. S. Elevation: _____
E-log #: _____

County: Lamar
Permit #: _____
Driller: Gary Rayborn
Date drilling completed: 7-20-2007

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, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ferriday, LA 71334</u> City State Zip Code	<u>1/4 1/4 Sec 9 Twn 1N Rng 16W</u>	Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town <u>2.5 Miles So of 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>7-20-07</u>	Date well drilling completed: <u>7-20-2007</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>35</u> feet above of <u>below</u> (circle one) land surface	Date measured: <u>7-20-07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>100'</u> Well depth: <u>100'</u> Well grouted to a depth of <u>10'</u>		
Type of grout (circle one): <u>Cement</u> Bentonite Mix	Casing length: <u>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC BY: OLWR</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>80</u> feet to <u>100</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.		<u>0-60</u>	
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-205

Elevation: _____

County: Lamar

Permit #: _____

Driller: Gary Rayborn

Date completed: 7-20-07

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

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 9 Twn 1N Rng 16W

Distance Direction Nearest Town

2.5 Miles South of Baxterville

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-20-07

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 HP

Setting Depth: 63 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 7-20-07

Static Water Level (A): 35 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

RAYBORN DRILLING, INC.

RECEIVED
AUG 03 2007
BY: OLWR