# 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)

County: LAMAR
Permit #:
Driller: GARY RAyborn
Date drilling completed: 9-5-2007

**For Office Use Only:**
Aquifer:
Well #: M-208
L. S. Elevation:
E-log #:

**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**

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
___ ¼ ___ ¼ Sec 22 Twn 1N Rng 16W
Distance ___ Miles Direction ___ of Nearest Town Baxterville

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture (Other:) Rig Supply
Date well drilling started: 9-4-07 Date well drilling completed: 9-5-07
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 155' feet above (or below) (circle one) land surface Date measured: 9-5-07
Method of Measurement (circle one) steel tape electric tape (air line) other: ___
Hole depth: 250' Well depth: 250' Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 230 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 230 feet to 250 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): ___

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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)

County: Lamar
Permit #:
Driller: Gary Rayborn
Date completed: 9-5-07

**For Office Use Only:**
Aquifer:
Well #: M-208
Elevation:

**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. (____)

**Well Location**

Latitude: ____ Longitude: ____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec 22 Twn 1N Rng 16W
Distance Direction Nearest Town
____ Miles ____ of Baxterville

**Pump Type**
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 9-5-07
Rated Pump Capacity: 40 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: 210 Feet
Number of Stages: 14

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**Pump Test Data**

Date Well Tested: 9-5-07
Static Water Level (A): 155 Feet Below Land Surface
Pumping Water Level (B): ____ Feet Below Land Surface
Drawdown [(B) – (A)]: ____ Feet Below Land Surface
Test Pumping Rate: 40 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 40 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 O-60
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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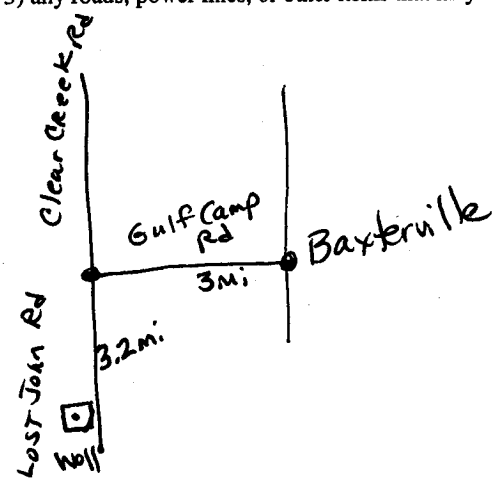
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---|---|---|
| Clay Gravel | 0 | 40 |
| Sand + Red Clay | 40 | 80 |
| Clay | 80 | 230 |
| Fine Sand | 230 | 250 |

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.

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Landowner Name: _____

Signature of Water Well Contractor