State W	ell Report	* D. Offer March	
Part 1		For Office Use Only:	
Mississippi Department	Mississippi Department of Environmental Quality Office of Land and Water Resources		
Frank Pauloro P.O.B	P.O. Box 10631		
	Jackson, MS 39289-0631		
Date drilling completed: <u>5775-06</u> (601)	te drilling completed: $3 - 13 - 08$ (601)961-5210 (601)354-6938 (fax)		
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	g of the well.		
Owner Name D+D Drilling, Inc.	Latitude:''	_" Longitude:''	
	Method of Lat/Long (circle or	1	
Mailing Address:			
<u>P.O. Box 1634</u>	•	GPS, Survey-grade GPS	
Ferriday LA 71334	1414 SecZC	$D_{\text{Twn}}/N_{\text{Rng}}/6\omega$	
Telephone No. (318) 757 - 3274	Distance Direction Miles	of BAXterville	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other: Rig Supply	
Date well drilling started: $3 - 12 - 08$ Date well drilling completed: $3 - 13 - 08$			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: <u>75'</u> feet above or below (circle one) land surface Date measured: <u>3-13-08</u>			
Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: <u>275'</u> Well depth: <u>275'</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: <u>255</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>1020</u> inches Setting depth: From <u>255</u> feet to <u>275</u> 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.			
Department of Environmental Quanty and/or the Mississiph Department of Meath regulations and once fails			
Rayborn Drilling Inc. 0-60			
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor	

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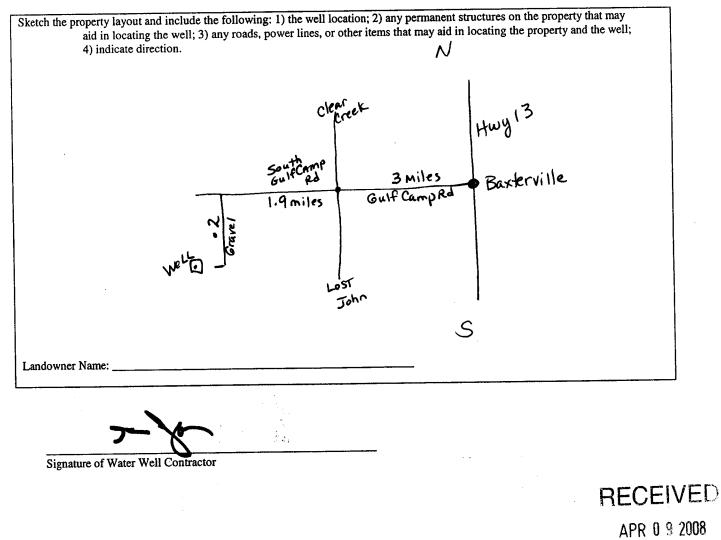
From To

· If well telescopes please sketch below and show depths.



Description of Formations Encountered	From To
Clay	0 160
Silty Sand	160 185
Fine Sand	185 235
Coarse Sand	035 275

If more than one screen, show location of each on sketch



BY: OLWR

ST ST	ATE WELL REPORT
Mississ	Part 2    imp Installer's Completion Report    ppi 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)
	staller in detail and filed with the Department within 30 days of the
installation of pump. Well Owner Information Owner Name: $D + D$ Drulling, Mailing Address: <u><math>P</math>, O, Eny</u> 1634 <u><math>Terriday ha 71</math></u> City State Zi	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>14</u> <u>14</u> Sec <u>30</u> Twn <u>110</u> Rng <u>1600</u> Distance Direction Nearest Town
Telephone No. <u>318</u> 757 - <u>3274</u>	
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submer	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal  Rotary  Flowing    Other (specify):	Well  Windmill  Other (specify):
Pump Test Data    Date Well Tested:  3 - / 3 - 08    Static Water Level (A):  Feet Below La    Pumping Water Level (B):  Feet Below La    Drawdown [(B) - (A)]:  Feet Below La    Test Pumping Rate:  60  Gallons I    Duration of Pump Test (minimum 4 hours):	other (specify):
I HEREBY CERTIFY that the above statements are t <u>Cary</u> Rayborn O- Print Name of Pump Installer and License No. (if app	00
	RECEIVE
	APR 0 9 20

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BY: OLWR