•	Well Report For Office Use Only:
County: Lamar No.	Part 1 pent of Environmental Quality Aquifer:
Permit #: Office of Lar	nent of Environmental Quality and and Water Resources Well #:
7 / l	J. BOX 10031
/ // ()	n, MS 39289-0631 L. S. Elevation:
	01)961-5210)354-6938 (fax) 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	Well Location
Owner Name D& DDrilling, Inc.	Latitude:, Longitude:, "
Mailing Address: P.O. Box 1634	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Ferriday LA 71334	1414 Sec_5TwnIN_Rng_16 W
City State Zip Code	Distance Direction Nearest Town 1 2 Miles Su of Baylery, 1 e
Telephone No. 318) 757 - 3274	2 Miles Sw of Baylery, 11e
W	'ell Data
Purpose of Well (circle one) Home Industrial Public Supp	oly Irrigation Fish Culture Other: Rig Supply
Date well drilling started: 4708	
f flowing, method of flow regulation: Valve Oth	er (describe)
Static Water Level: 451 feet above of below circle of	and surface Data measured: 4 17 10 8
Method of Measurement (circle one) steel tape electric	
Hole depth: 150' Well depth: 150'	Well grouted to a depth offeet
Type of grout (entitle one).	Mix
Casing length: 130 feet Casing diameter: 4	inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4	inches Type of screen: PVC
Screen slot size: 1020 inches Setting depth: Fro	om 130 feet to 150 feet
Type of completion (circle all applicable): Gravel packed U	Inderreamed Telescoped Open hole Natural Development

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.

Other (describe):

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

Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Top of lap pipe or reduction in casing:

naid of the course, inc.

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_feet.. If telescoped or more than one screen, describe on back of page

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BY: OLWR

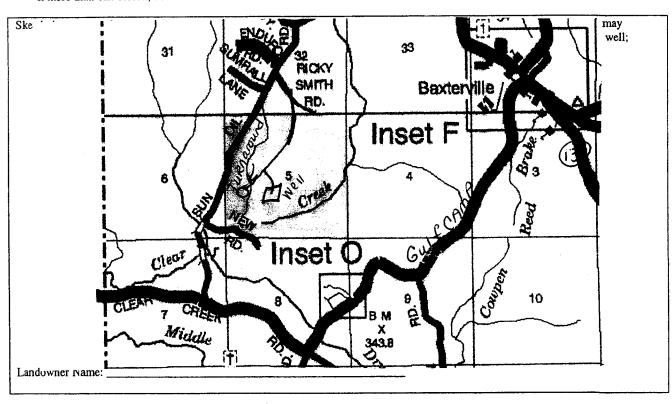
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level	

Description of Formations Encountered	From	To
	-	
Chalk	0	10
Gravel	10	25
	10	حد
Chalk	बड	1/0
Fine Sand	110	130
1	110	100
Med Sand	130	150
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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STATE WELL REPORT Part 2

County: Lamar

Permit #:

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

For Office Use Only:		
Aquifer:		
Well#: M-2/7		
Elevation:		

Date completed.	(601)354	4-6938 (fax)			
This report should be prepared by the installation of pump.	⊣ he pump installer in detai	and filed with the Departmen	it within 30 days o	of the	
Well Owner Informa	tion	Well	Location		
Owner Name: D&D Dri		Latitude:Longitude:			
Mailing Address: P.O.Box	1634	Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand	l-held GPS, Survey	y-grade GPS	
Faccident	4 7133U	¼¼ Sec_5	IN	Maw	
Ferriday LI City State	Zip Code	¼¼ Sec	Iwn	Rng 100	
City	Zip codo	Distance Direction	Nearest Town		
Telephone No. 318) 757 - 32	274	2 Miles Sw of Baxter Ville			
Pump Type		Pov	wer Type		
Circle one		Ci	ircle one		
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand		Tractor PTO	
Centrifugal Rotary	Flowing Well		(specify):		
Other (specify):		Horse Power Rating of Motors	: 5#P		
Date Pump Installed: 470	8	Setting Depth:	26' f	eet	
_		l . i			
Rated Pump Capacity: & O	Gallons Per Minute	Number of Stages:			
Pump Test Data			asuring Water Le	vel	
Date Well Tested: 4708			ircle one		
- · · ·		Air Line Electric Mea	suring Line	Steel Tape	
Static Water Level (A): 45 Fee	et Below Land Surface	Other (specify):			
Pumping Water Level (B):Fee	t Below Land Surface	Outer (speedly).			
	et Below Land Surface	For flowing well, measured sh	ut in head:	feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded <u>UU</u>	GPM with a dra	wdown of	
Duration of Pump Test (minimum 4 hours):hours	feet after _	hou	rs of pumping	
I HEREBY CERTIFY that the above state	a : 1 -	f my knowledge.	7	P	
Lay Rayborn	· V	Signature of Pump In			
Print Name of Pumin Installer and License	INCLUTE ADDUCABLE)	Nignature of Pilmn in	STATIET		

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BY: OLWR