

Ted Lane Smith #1

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: F97
Aquifer: _____
E-Log #: _____

County: Lincoln
 Permit #: _____
 Driller: Gary Rayborn
 Date drilling completed: 9-4-14

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>D & D Drilling Inc</u> Mailing Address: <u>(Rig 11)</u> <u>P.O. Box 1634</u> <u>Ferriday LA 71334</u> City State Zip Code Telephone No. <u>(318) 757-3274</u>		Well or Borehole Location Latitude: <u>32.52533</u> Longitude: <u>-90.58112</u> 31-31-31 <u>90-34-52</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW 1/4 SW 1/4, Sec 35 T 7N R 6E</u> <u>2.2</u> Miles <u>N</u> of <u>West Lincoln</u> (Distance) (Direction) (Nearest Town)	
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Well / Borehole Data

Date drilling started: 9/4/14 Date drilling completed: 9/4/14 Hole depth: 160' Hole diameter: 4"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

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

Name of organization running log(s): _____

Purpose of borehole (circle one) Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): None Industrial Public Supply Irrigation Fish Culture

Other (describe): Rig Supply

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 125 feet [above or below] and surface Date measured: 9-4-14
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 160' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 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 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

SEP 08 2014

County: kindred
 Permit #: _____

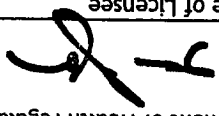
For Office Use Only:
 Well #: F97

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells
and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	10	10
Sand	10	35
Clay	35	135
Sand	135	160

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

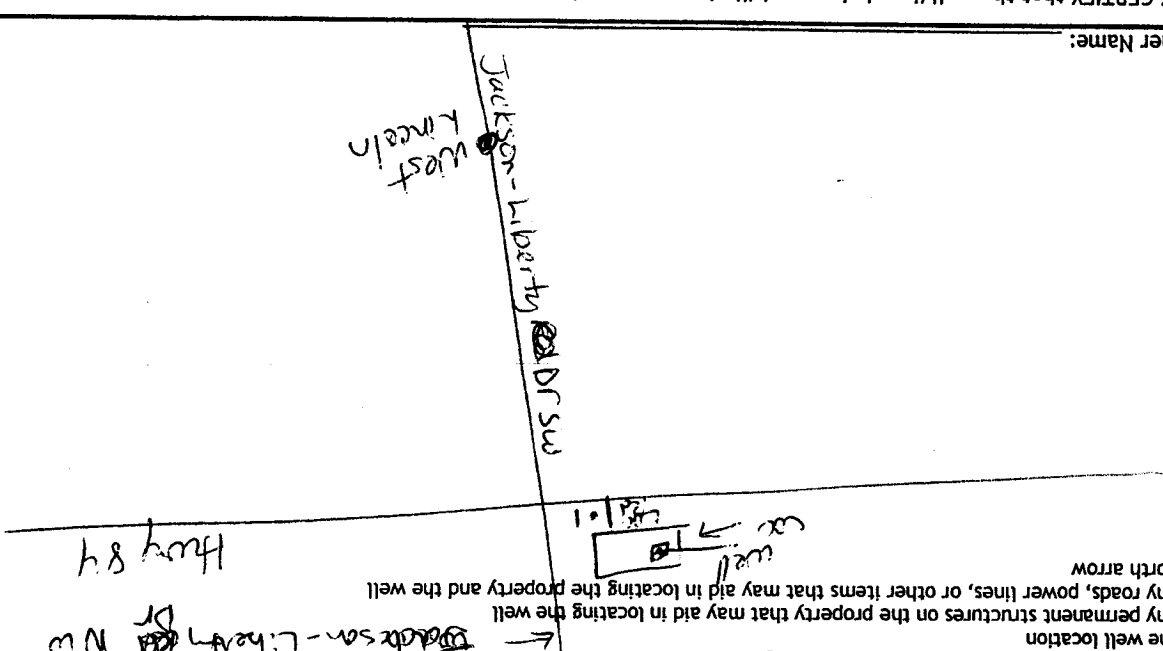
RAYBORN DRILLING, INC.
 Print Name of Responsible Licensee and License No. 0-60
 Date 9/5/14
 Signature of Licensee 

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Landowner Name: _____

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) north arrow

Handwritten notes on sketch:
 Jackson-Liberty Rd Dr SW
 West kindred
 Hwy 84
 Jackson-Liberty Dr NW



STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: F97
 Aquifer: _____

County: Lincoln
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 9/3/14
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>D+D Drilling Inc (Rq11)</u>	Latitude: <u>32.52533</u> Longitude: <u>-90.5812</u>
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (check one): ³¹⁻³¹⁻³¹ Conventional Survey <u>90-34-52</u>
<u>Ferriday LA 71334</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> , Sec <u>35</u> T <u>7N</u> R <u>6E</u>
Telephone No. <u>(318) 757-3274</u>	<u>2.2</u> Miles <u>N</u> of <u>West Lincoln</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-4-14 Rated Pump Capacity: 600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 Setting Depth: 147 feet Number of Stages: 13

Pump Test Data for Non Flowing Well

Date Well Tested: 9-4-14 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 125 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 600 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

RAYBORN DRILLING, INC. 0-60 9/3/14 [Signature] SEP 08 2014

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer