		rice 22-8 9		
State W	ell Report	For Office Use Only:		
	art 1			
Mississippi Department	of Environmental Quality	Aquifer:		
	nd Water Resources	Well #: K134		
	ox 10631	L. S. Elevation:		
10/-1/2	S 39289-0631 961-5210	L. S. Elevation:		
	1-6938 (fax)	E-log #:		
(602)60 1 012 (417)				
State Law requires that this report be prepared by the	driller in detail and filed w	ith the Department within		
30 days of completion of drilling of the well.		Location		
Well Owner Information				
Owner Name D+D Drilling Inc	D+D Drilling Inc Latitude: 31.28.1			
Mailing Address: P.O. Box 1634	Method of Lat/Long (circle o			
	=	GPS, Survey-grade GPS		
Ferriday LA 71394 City State Zip Code	NW 14 SE 14 Sec 22	Z Twn 6N Rng 6E		
	Distance Direction	Nearest Town		
Telephone No. (318) 757 - 3274	$\frac{2}{2}$ Miles $\frac{3\omega}{2}$	of West Lincoln		
Well Data				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply  Date well drilling started: 12/7/12  Date well drilling completed: 12/7/12				
If flowing, method of flow regulation: Valve Other (describe) Static Water Level: feet above of below (circle one) land surface Date measured: /2 /7 //2				
Static Water Level: O Geet above of below (circle one)	land surface Date measured			
Method of Measurement (circle one) steel tape (electric tape) air line other:				
Method of Measurement (circle one) steel tape velectric tape all line of the l				
Type of grout (chere one).				
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: 1020 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 Ra	y Density Sonic Neutron	Other:		

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.

Name of organization running log(s):

Print Name of Water Well Contractor and License No.

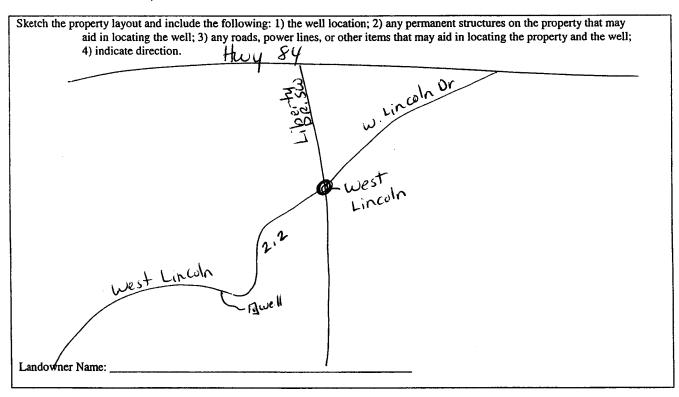
Signature of Water Well Contractor

. If well telescopes please sketch below and show depths.

Ground Level			

Description of Formations Encountered	From	То
Red, Sand + Clay	0	70
Chalk	70	215
Fine Sand	215	230
Course Sand	230	250
	-	
	1	
		-
	l	

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



2/2

Signature of Water Well Contractor

RECEIVED)

BY OUMP

## STATE WELL REPORT Grice 22-8#5 For Office Use Only: Lincoln Pump Installer's Completion Report County: Mississippi Department of Environmental Quality Aquifer: Permit #: Office of Land and Water Resources P.O. Box 10631 K134 Well #: Jackson, MS 39289-0631 (601)961-5210 Date completed: Elevation: (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information **Well Location** Latitude:\_\_\_\_\_Longitude:\_\_\_\_\_ Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS, Survey-grade GPS NW 14 SE 14 Sec 22 Twn 6N Rng 6E Nearest Town Distance Direction Telephone No. (318) 757 - 3274 Miles SW of W. Lincoln **Power Type Pump Type** Circle one Circle one Gasoline Engine Natural Gas Diesel Engine Air Lift Jet Submersible Electric Motor Hand Tractor PTO Bucket Piston Turbine Windmill Other (specify): Centrifugal Rotary Flowing Well Horse Power Rating of Motor: Other (specify): \_\_

Raied Fullip CapacityGanons Fel Minute	Number of Stages.
Pump Test Data  Date Well Tested: 2712  Static Water Level (A): Feet Below Land Surface  Pumping Water Level (B): Feet Below Land Surface	Method of Measuring Water Level Circle one  Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface  Test Pumping Rate:Gallons Per Minute  Duration of Pump Test (minimum 4 hours):hours	For flowing well, measured shut in head:feet  Well yielded
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping

Date Pump Installed:

(a)

Setting Depth: \_

