	State W	ell Report		
County: Marion		art 1	For Office Use Only:	
	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 10631		Well #:	
Driller: Gary Rayborn		S 39289-0631	L. S. Elevation:	
Date drilling completed: 12/21/06	I control of the cont	961-5210		
	(601)354	4-6938 (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		Wel	Location	
Owner Name D+D Drilling, Inc		Latitude: 31 ° 08 '18	_" Longitude: 89 • 49 , 05 "	
Mailing Address: P.O.Box 1634		Method of Lat/Long (circle or		
		USGS quad, Hand-held GPS, Survey-grade GPS		
Fernday Li	7 71334	Distance Direction Miles	Twn 2 N Rng GE	
		Distance Direction	Nearest Town	
Telephone No. (318) 757 - 32	74	Miles	of Foxworth	
	Well I	l Data		
			Rig Sugalu	
Purpose of Well (circle one) Home Inc				
Date well drilling started: 12-21-06 Date well drilling completed: 12-21-2006				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level:feet above or below (circle one) land surface Date measured:12-21-2006				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 80 Well depth: 80 Well grouted to a depth of 10 RECEIVED				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC JAN 2 2 2007			PVC JAN 22 2007	
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVBY: OLWF				
Screen slot size: <u>-020</u> inches Setting depth: From <u>60</u> feet to <u>80</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):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Department of Environmental Quanty and/or the Mississippi Department of Health regulations and state laws.				
RAYBORN DRILLING, INC. D-60				
Print Name of Water Well Contractor and	l License No.	Signature	Water Well Contractor	

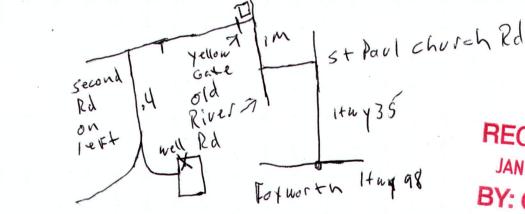
Print Name of Water Well Contractor and License No.

Ground Level	
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Description of Formations Encountered	From	То
Clay	Ø	5
Sana	5	20
Gravel	20	40
Pea Gravel	40	80
1		
		-

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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BY: OLWR

Landowner Name:

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Marion

Permit #:

Driller: Gary Rayborn

Date completed: 12-21-2006

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)

For Office Use Only:
Aquifer:
Well #: <u>\$\phi - 54</u> \$ Elevation:

(001)55	4-0550 (lax)		
This report should be prepared by the pump installer in deta installation of pump.	il and filed with the Department within 30 days of the		
Well Owner Information	Well Location		
Owner Name: D&D Drilling, 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 City State Zip Code	1414 Sec_17 Twn_2N Rng_14 E		
City State Zip Code	Distance Direction Nearest Town		
Telephone No. (318) 757 - 3274	Milesof Foxwath		
Pump Type	Power Type		
Circle one	Circle one		
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specifý):	Horse Power Rating of Motor: 5 #RECEIVED		
Date Pump Installed: 12-22-06	Setting Denth: (0)		
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 14 JAN 2 2 2007		
	BY: OLWR		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:12-22-06	Circle one		
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Feet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.		
GaryRayborn 0-60			
Print Name of Pump Installer and License No. (if applicable)	Signature of cump Installer		