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MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631

Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

WELL NUMBER <i>Wellan</i>	CODED
DATE WELL COMPLETED <i>1-20-03</i>	

PERMIT NUMBER <i>0-60</i>
NAME OF DRILLING FIRM <i>Rayburn Drilling</i>
<i>Hatchers, MS 3900</i>

NAME & MAILING ADDRESS OF LANDOWNER
D&D

Ferriday, LA 71339

Latitude:
Longitude:

WELL LOCATION SEC TOWNSHIP RANGE
36 2 N 17 E

DISTANCE DIRECTION NEAREST TOWN
Miles of *Bankville*

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Oil well supply

PUMP DATA		
PUMP TYPE (Circle One): <input checked="" type="checkbox"/> Submersible, <input type="checkbox"/> Turbine, <input type="checkbox"/> Jet, <input type="checkbox"/> Flowing Well, Other (Describe) _____		
POWER TYPE (Circle One): <input checked="" type="checkbox"/> Electric, <input type="checkbox"/> Tractor, <input type="checkbox"/> Diesel, <input type="checkbox"/> Gasoline, <input type="checkbox"/> Butane, Other (Describe) _____ H/P <u><i>5</i></u>		
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<i>Clay</i>	<i>0</i>	<i>70</i>
<i>Sand</i>	<i>70</i>	<i>240</i>

RECEIVED

JAN 24 2003

BY: OLWR

Top of Lap Pipe or Reduction in Casing
FEET <input type="checkbox"/> IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

Well Depth <i>240</i>	Casing Diameter (In.) <i>4"</i>	Casing Length (Ft.) <i>240</i>
Type of Casing <i>PVC</i>	Hole Depth <i>240</i>	Depth to Static Water Level <i>70</i>

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed Underreamed Telescoped
Natural Development Open Hole Other
(Describe) _____

WELL GROUTED TO A DEPTH OF *240* FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA		
Diameter - Inches <i>4"</i>	Length - Feet <i>20</i>	Slot Size - Inches <i>20</i>
Screen Type <i>PVC</i>	Depth to Bottom - Feet <i>240</i>	

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.

[Signature]
Signature of Licensed Driller and License No.

1-21-03
Date

If well telescopes please sketch and show depths.

GROUND LEVEL

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	
60	13	210	FT.

PUMP TEST

Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____

Name of Organization Running Log _____

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

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