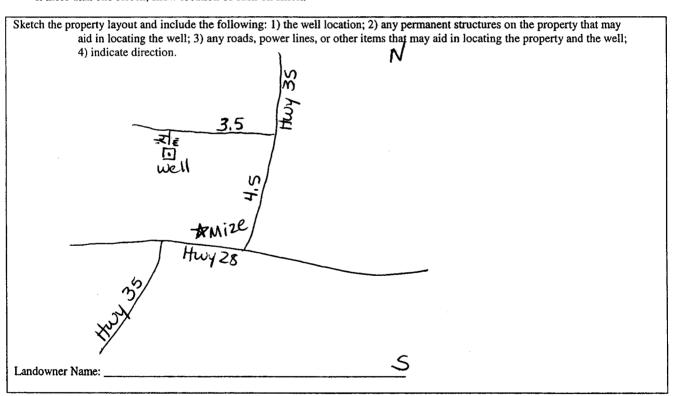
Wrangler 15-15#1				
Kiq 3	State Well Repor	rt [For Office Use Only:	
County: Smith	Part 1			
County:	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: M - 36	
Driller: Gary Rayborn	P.O. Box 10631			
	Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 11-19-08	(601)961-5210		E-log #:	
	(601)354-6938 (fax)		E-log #:	
State Law requires that this rej 30 days of completion of drillin	ort be prepared by the driller in de	etail and filed w	ith the Department within	
Well Owner Inform	ation	Well	Location	
Owner Name O+ O Orill	ing Inc Latitude:	• '	" Longitude:°'	
Mailing Address: P.O. Box	634 Method of I	ethod of Lat/Long (circle one): Conventional Survey,		
		_	GPS, Survey-grade GPS	
Heriday he	7133414			
Telephone No. (<u>318)</u> 757 - 16	Distance 3 M	Direction liles	Nearest Town of NIZE	
	Well Data			
		Elst Outers	Pio Sugalu	
-	dustrial Public Supply Irrigation			
	-08 Date well drilling o		- 19-08	
If flowing, method of flow regulation: V	alveOther (describe)			
	above on below (circle one) land surface		11-19-08	
Method of Measurement (circle one)	steel tape (electric tape) air line	other:		
	epth: 100' Well grou	ited to a depth of	10 feet	
Type of grout (circle one): Cement	Bentonite Mix		\mathcal{D}_{i}	
Casing length: 80 feet Ca	sing diameter:inches			
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC				
Screen slot size: <u>4020</u> inches Setting depth: From <u>80</u> feet to <u>100</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 sc	reen, 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):				
I certify that the well was drilled, con-	tructed, and completed in accordance v	vith all applicable	e requirements of the Mississippi	
	and/or the Mississippi Department of l			
RAYBORN DRILLING, INC				
MATDONIA DISELLING, INC	0-60		アイ	
				
Print Name of Water Well Contractor as	nd License No.	Signature	of Water Well Contractor	

Print Name of Water Well Contractor and License No.

Ground Lev	el

Description of Formations Encountered	From	To
		30
SAND	-10	30
CHALK	30	60
MeDium SAND	60	100
		\vdash
		+
		1
		
		+-
		1
		+
		\vdash
		لـــــــــــــــــــــــــــــــــــــ

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



Signature of Water Well Contractor

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BY: OLWR

STATE WELL REPORT

Part 2

County: __ 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 #:			
Elevation:			

Date completed:	(601)354	4-6938 (fax)	
This report should be prepared by the pump	installer in detail	and filed with the Department within 30 days of the	
in tallation of numn		Well Location	
Well Owner Information			
Owner Name: D & D Drilling, dru		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 7/334 City State Zip Code		1414 Sec15 _Twn_17 _Rng_7E	
		Distance Direction Nearest Town	
Telephone No. (318) 757-3274		3 Miles north of mise	
Pump Type Circle one		Power Type Circle one	
Air Lift Jet Subi	mersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turb	oine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flow	wing Well	Windmill Other (specify):	
Other (specify):	· · · · · · · · · · · · · · · · · · ·	Horse Power Rating of Motor: 5 HP	
Date Pump Installed:		Setting Depth:feet	
Rated Pump Capacity: 60 Gallo	ons Per Minute	Number of Stages:	
		Mathalas Macguring Water Level	
Pump Test Data		Method of Measuring Water Level Circle one	
11-19-08		Choice one	
Date Well Tested:		Air Line Electric Measuring Line Steel Tape	
Static Water Level (A):Feet Below Land Surface		Other (specify):	
Pumping Water Level (B):Feet Below	v Land Surface		
Drawdown [(B) - (A)]:Feet Below	w Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: 63 Galle	ons Per Minute	Well yielded <u>63</u> GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements		t of my knowledge.	
Print Name of Pump Installer and License No. (i) -(o () f applicable)	Signature of Pump Installer	

DEC 1 : 2008

BY: OLWR