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County: Yazoo
Permit #:
Driller: Gary Royborn
Date drilling completed: 3/26/19

Well Owner Information (Landowner if borehole is not for a water well)

## 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)

í	idgfarth 30-1 N
	For Office Use Only:
	Well #: <u>D 33</u>
	Aquifer:
	E-Log #:
1	

Well or Borehole Location

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.

(Landowner if borehole is not for a water well)  Owner Name: D& D Drilling Inc.  Mailing Address: (For Spooner Petroleum)  PO BCX 1634  FOR Iday LA 71334  City State Zip Code	Latitude: 32.862 Longitude: 90.023  Method of Lat/Long (check one): Conventional Survey.  USGS quad., Hand-held GPS., Survey-grade GPS.BY  NE. 14, NE. 14, Sec. 30 T 12N R 3E  4 Miles NE. of Vaughn
Telephone No. (318) 757-3274	(Distance) (Direction) (Nearest Town)
Well / B  Date drilling started: 322/19 Date drilling completed:	Borehole Data  3/26/19 Hole depth: 340 Hole diameter: 4
Location of the source of any surface water used for drilli	I I
Method of dosing and volume of Chlorine used in drilling a	i
Logs run (circle all applicable). No log run Electric Gam	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump
	(describe)
If drilling is not related to water well o	construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial Other (describe): Rig Supply	Public Supply Irrigation Fish Culture
is a flauder well mathed of flow regulation: Valve	Other (describe)
Static Water Level:feet [above or below (circle one)]	w] and surface Date measured: 3/26/17
Method of measurement (circle one): Steel tape (Electric	tape Air line Other (describe):
Well depth: 340 Well grouted to a depth of: 10	feet Type of grout (circle one) (Neat Cement Bentonite Mix
Casing length: 29 O feet Casing diameter:	inches Type of casing:
Screen length: 50 feet Screen diameter:	inches Type of screen:
Screen slot size: 1020 inches Setting dept	
Type of completion (circle all applicable). Gravel packed	Underreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:fee	ŧ ·
If telescoped or more that	n one screen, describe on next page Form: OLWR-SWR-1A (4/13)

	Bridgforth30-1 No.
County: Yazoo	For Office Use Only:
Permit #:	Well #: 533
The sketch below only required for water wells	Description of formations encountered must be provided for all we and boreholes, unless specifically exempted by regulations
If well telescopes, show depths on sketch.	
Ground Level	Description of Formations Encountered From (depth) To (depth)  Ground level
	Clay/sand Streaks 60 120
	Clay/Chalk 120 270
	Sand 270 280
	Chalk 280 300 Sand 300 340
If more than one screen, show location of each on sket	tch
Sketch the property layout and include the following:  1) the well location 2) any permanent structures on the property that n 3) any roads, power lines, or other items that may 4) north arrow	aid in locating the property and the well
1127	Hwy 432 Pickers
Hwy 432	
	D Ped
	Vaugh Ped
T 55 Value	ghn_
andowner Name: DAD Drilling	Tac
	LAC:
HEREBY CERTIFY that the well/borehole was drill equirements of the Mississippi Department of Envi f applicable, and state laws.	led, constructed, and completed in accordance with all applicable rironmental Quality and the Mississippi Department of Health regulations,
Rayborn Drilling Inc. 0 6 Print Name of Responsible Licensee and License No	
The Harte of Responsible Licensee and License No	o. Date Signa lie of Lib Signa

Signal tire of Lightsee Form NLWR-SWR-1A (4/13)

## Bridgforth 30-1 No. 1 STATE WELL REPORT Part 2 County: For Office Use Only: Pump Installer's Completion Report Permit #: Well #: D33 Mississippi Department of Environmental Quality Driller: Gary Office of Land and Water Resources P.O. Box 2309 Date completed: 3/Aquifer: \_\_\_\_\_ Jackson, MS 39225-2309 Copy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax) 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 Latitude: 32,562 Longitude: 90,023 Owner Name: D& D DOULLING INC. Method of Lat/Long (check one): Conventional Survey . USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_\_, Survey-grade GPS\_ NE 1 NE 1. Sec 30 TI2N R3E 4 Miles NE of Vaughin 757-3274 Telephone No. 2181 (Distance) (Direction) Pump Type (check one) Submersible Turbine Air Lift Centrifugal Flowing Well Det Piston Rotary Other (describe): Date Pump Installed: 3/26/19 Rated Pump Capacity: 6 Gallons Per Minute Is This Pump (check one) ( New Repaired Replacement Power Type (check one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: \_ 168 Horse Power Rating of Motor: \_\_\_feet Number of Stages: \_\_\_ Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_hours Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: \_\_\_\_\_\_Feet Below Land Surface Method of measurement (check one): Steel tape $\square$ Electric tape $\square$ Air line $\square$ Other (describe): $\square$ Pump Test Data for Flowing Well Measured shut in head: feet. GPM with a drawdown of feet after Well vielded 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):

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

Rayborn Filling I.C. C-GC 4 2 19

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

Date

Signature of Pum Constaller

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.

Meter installed by: \_\_\_

installation Date:

Is This Meter (check one): New Repaired Replacement

Form LWR-SWR-2A (4/13)

## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225
Water Well Plugging/Decommissioning Form

DATE

COUNTY WELL LOCATED: YaZOO	Bridgtonth 30-1 No.
PERMIT NUMBER: NA	DATE WELL PLUGGED: 5/22/19
NAME OF FIRM PLUGGING WELL: Rayborn Drilling	TELEPHONE NUMBER: 601-445-8930
NAME AND ADDRESS OF DED Drilling TO BOX 1634 FERRIDAY	Inc. (For Spooner Petroleum) f 4 71334
The state of the s	TOWNSHIP: 12N RANGE: 3 E
well location: Latitude: Longitude: 32.862 -90.02	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS – HAND HELD OR SURVEY GRADE
DISTANCE: 4 M . DIRECTION: NENEAREST TO	own: Vaugha other Landmark:
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): Rig Suppl	Y
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL:  Rayborn	Drilling Inc. DECE
NAME OF LANDOWNER WHEN WELL WAS DRILLED:  D & D D Drillin	Y W
	WELL DATA
WELL DEPTH: 340	HOLE DEPTH: 340 1
CASING DIAMETER (IN.): 4 (   CASING LENGTH (FT.):	290 TYPE OF CASING: PVC.
DEPTH TO STATIC WATER LEVEL: (00 '	DATE WELL COMPLETED: 3/26/19
WHY IS THE WELL BEING ABANDONED? Fixished	drilling Bridgforth 30-1 No.1
DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUN MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PL	IT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, ACING MATERIAL, ETC.)
Screen and casing w	ere left in hole.
Filled screen with s	sard. Ran trimmie
pipe to top of sai	od in screen. Pumped
17 sacks of cemen	+ with 8% and to
surface. Cut casin	g off below grade
and backfilled.	
Control of the contro	
I CERTIFY THAT THE WELL WAS PLUGGED OR ABAND	OONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.
- Gary Rayborn	0-60
	MS LICENSE NUMBER
RRINT NAME	5-28-19