	State We	ll Report		
Caniah	Par		For Office Use Only:	
County: Copiah	Mississippi Department of Environmental Quality		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: W- 29	
Driller: Gary Rayborn	P.O. Boy 10631			
	Jackson, MS	39289-0631	L. S. Elevation:	
Date drilling completed: 6-21-06	(601)96			
	(601)354-6938 (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 Inform	ation	Well	Location	
Owner Name Gregory Lockhart		atitude: 0 ,	_" Longitude:, "	
Owner Name Oregory Loc	Citati			
Mailing Address: 4080 Elkins Rd		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS	
Wesson M	5 39191	1/4 1/4 Sec / 0	Twn9NRng966	
City St	ate Zip Code			
,	207	Distance Direction	Nearest Town of Wesson	
Telephone No. (601) 748 - 0	243	Miles	of Wesser	
	Well Da	ita		
			Malicka Francisco	
Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other: Chicken rann	
Date well drilling started: 6-20-06 Date well drilling completed: 6-21-66				
If flowing, method of flow regulation: V	alve Other (des	scribe)		
Static Water Level: 90 feet a	above or below (circle one) la	nd surface Date measured:	6-21-06	
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: 306 Well depth: Well depth: Well grouted to a depth of feet				
Hole depth: 306 Well d	epth:	Well grouted to a depth of	feet	
Type of grout (circle one): Cement				
Casing length: 280 feet Casing diameter: 4" inches Type of casing: PVC				
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC				
Screen slot size: . OZO _inches		280 feet to	300feet	
Type of completion (effect an application).				
	Other (describe):			
Top of lap pipe or reduction in casing: _	feet. If tel	escoped 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, cons	trusted and completed in ac	cordance with all applicable	requirements of the Mississippi	

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No.

0-60

RECEIVED

JUL 2 4 2006

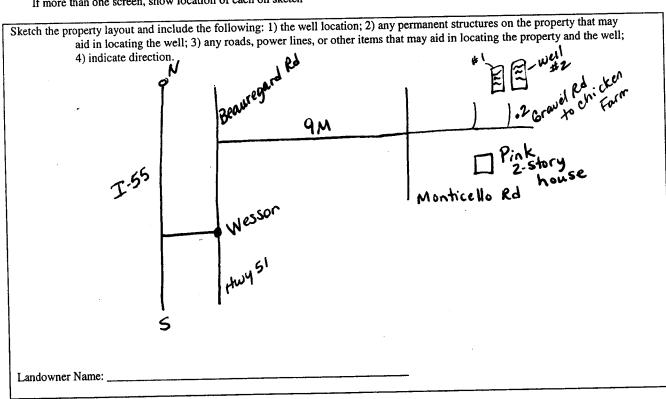
BY: OLWR

Signature of Water Well Contractor

Ground Level		
		_
	•	
	1 \	

Description of Formations Encountered	From	To
Clay	0	45
Sand	45	70
Clay	70	240
Fine Powder Sand	240	270
Fine Sand	270	300

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



Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Copiah	
Permit #:	`
Driller: Gary Rayborn	

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #: W-29	
Elevation:	

Date completed:	54-6938 (fax) Elevation:	
This report should be prepared by the pump installer in detainstallation of pump.		
Well Owner Information	Well Location	
Owner Name: Gregory Lockhart	Latitude:Longitude:	
Mailing Address: 4080 Elkins Rd	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Wesson MS 39191	1414 Sec10 Twn_9N Rng	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. (601) 748 - 0293	9 Miles E of Wesson	
Pump Type Circle one	Power Type 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 (specify):	Horse Power Rating of Motor: 5 HP	
Date Pump Installed: 6-23-06	Setting Depth:feet	
Rated Pump Capacity: Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:6-23-06	Circle one	
Static Water Level (A): 90 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 yieldedGPM 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 bes	t of my knowledge.	
GARY RAYBORN 0-60	20/2	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	

JUL 2 4 2006 BY: OLWR