STATE WELL REPORT						
County: <u>Hinds</u> Permit #: Driller: <u>Gany Rayborn</u> Date drilling completed: <u>8/10/18</u>	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)961-5555 (601)961-5228 (fax)		For Office Use Only: Well #:			
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.						
Well Owner Information (Landowner if borehole is not for a water well) Owner Name: Montgomery Fams IA Mailing Address: <u>7187 Smith Station Ed.</u> Edwards MS 39066		Well or Borehole Location Latitude: 32.3148 Longitude: -90.6644 32-18-53 $90-39-52Method of Lat/Long (check one): Conventional Survey,USGS quad, Hand-held GPS, Survey-grade GPS5E_45W_4, Sec. 36716N785W$				
City State Telephone No. <u>60 (</u>) <u>66 (– 9</u>	Zip Code	(Distance) (Direction)	f Edwards (Nearest Town)			
Well / Borehole Data Date drilling started: \$/9/18 Date drilling completed: \$/10/18 Hole depth: 40' Hole diameter: 4'' Location of the source of any surface water used for drilling:						
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC Screen slot size:						
Other (describe):feet						
If telescoped or more than one screen, describe on next page						

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Form: OLWR-SWR-1A (4/13)

County: _	Hinds
Permit #:	

For Office	e Use Only:
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Description of formations encountered must be provided for all wells

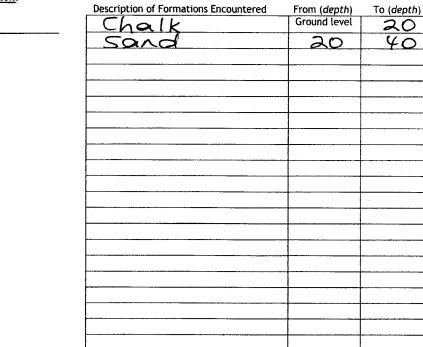
and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells

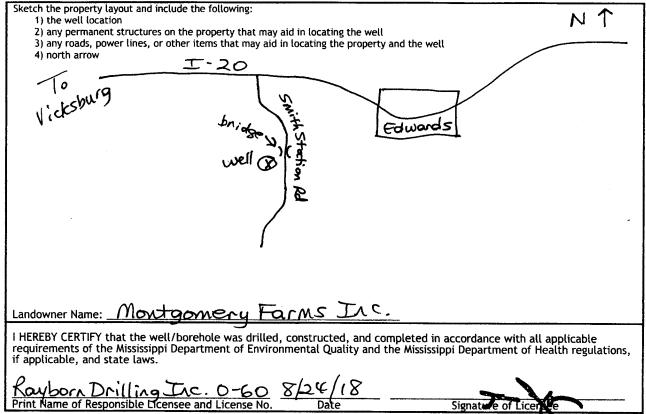
If well telescopes, show depths on sketch.

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Ground Level



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



Form: NVR-SWR-1B (4/13)

STATE WELL REPORT							
County: <u>Hinds</u> Permit #: <u>Driller: Gary Rayborn</u> Date completed: <u>8/10/18</u> <u>Copy information from block on Part 1</u> This part of the report must be completed of the report must be attached and both Well Owner Information Owner Name: <u>Montgomery</u> Mailing Address: <u>7187 South S</u>	Part 2 Pump Installer's Con Mississispi Department of E Office of Land and W P.O. Box 2 Jackson, MS 39 (601)961- (601) 360-052 d by a licensed water well com- barts filed with the Department on 3- Earms Inc. Latitud totion Rd. Method	mpletion Report nvironmental Quality ater Resources 309 225-2309 5210 55 (fax) tractor or a licensed purch at the above address w 22-18-15 Well L a: 32.3148 Long of Lat/Long (check one uad, Hand-held G	within 30 days of well completion. ocation 90.39-52 ogitude: 90.6644): Conventional Survey, PS, Survey-grade GPS				
City State	$\begin{array}{c c} 39066 \\ \hline Zip \ Code \\ \hline \hline \hline \hline \\ 061 \\ \hline \hline \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \hline \\ \hline \\ \hline \\ \hline \hline \\ \hline \hline \\ \hline \\ \hline \hline \\ \hline \\ \hline \hline \hline \\ \hline \hline \\ \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \hline \hline \\ \hline \hline \hline \hline \\ \hline \hline \hline \hline \hline \hline \\ \hline \hline$		Edwards				
Telephone No. (601) 661 - 91	DG Distar	ce) (Direction)	(Nearest Town)				
Pump Type (check one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Dther (describe):							
Pump Test Data for Non Flowing Well Date Well Tested:							
Measured shut in head:feet.							
Well yielded GPM with a d		eet after	hours of pumping				
	Meter Installation						
Meter Manufacturer:	Meter Manufacturer: Meter Serial Number:						
Meter Model Number/Name:		ype of Meter:R	ECTIVED				
Totalizer Register Unit and Multiplier Fa	ctor (AF x .001, gal x 1000,	etc):					
Installation Date:		+	AUG 2 8 2018				
Is This Meter (check one): New Repaired Replacement BY WR 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.							
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.							
Rayborn Drilling Jac. 0-60 Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer							

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

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