	STATE W	ELL REPORT		
Lincola		Part 1	For Office Use Only:	
County: Lincoln		ller's Log	Well #: <u>b 39</u>	
ermit #:	Mississippi Departme	ent of Environmental Quality	Aquifer:	
Driller: Gary Rayborn		and Water Resources). Box 2309	E-Log #:	
Date drilling completed: 1228 15		, MS 39225-2309		
	•	1)961-5210 360-0535 (fax)		
State Law requires that this repor Department at the above address	t be prepared by the lic within 30 days of com	cense holder responsible for the second s	he work and filed with the provident to the provident to the second second second second second second second s	
Well Owner Informa	tion	Well or Borehole Location		
(Landowner if borehole is not fo	r a water well)	Latitude: 31413 1 N Longitude: 90 25 58 W		
Owner Name: Tom Burge	<u>ss</u>): Conventional Survey,	
Mailing Address: (Hund wel		USGS quad, Hand-held GPS, Survey-grade GPS		
3116 New Sight Dr. Wesson MS	39191 .	NE 1/ NE 14, Sec	67T8NR8E	
City State		2.5 Miles W o		
Telephone No. (601) 757-5	355	(Distance) (Direction)	(Nearest Town)	
		rehole Data		
Date drilling started: <u>228/15</u> Dat Location of the source of any surface Method of dosing and volume of Chlor	water used for drilling	i:		
Logs run (circle all applicable): No log			on Other:	
Name of organization running log(s):			,·	
Purpose of borehole (circle one) Wate	er Well Geotechnica	al/Geological Investigation	Ground Source Heat Pump	
Seis	mic Survey Other (d	lescribe)	· · · · · · · · · · · · · · · · · · ·	
If drilling is not re	elated to water well co	nstruction, skip the remainde	r of this block	
Purpose of Well (circle all applicable)			Fish Culture	
	\cap		ž. s	
• • •			and the second	
If a flowing well, method of flow reg	ulation: Valve	Other (<i>describe</i>)	inter litt	
Static Water Level: <u>45</u> fe				
Method of measurement (circle one):				
Well depth: 160 Well grouted to				
Casing length: <u>120</u> feet				
Screen length: <u>40</u> feet	Screen diameter:	$\underline{\Psi}$ inches Type of	screen: <u>PVC</u>	
Screen slot size: <u>OIO</u> inche	es Setting depth:	From 120 feet t	0feet	
Type of completion (circle all applica	ble) Gravel packed	Underreamed Open hole	Natural Development	
Other (describe):				
Top of lap pipe or reduction in casing	g:feet			
		ne screen, describe on next p	nge	

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

County:	Lincoln
Permit #:	•.····································

If well telescopes, show depths on sketch.

K

Ground Level

For Office Use Only:

Well #: ____

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

From (depth)	To (depth)
Ground level	20
20	110
110	160
	From (depth) Ground level

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

Sketch the property layout and include the following:

1) the well location

* 1----sid in Ingestage she ...

	 any permanent structures on the property that may aid in locating the well any roads, power lines, or other items that may aid in locating the property and the well
	4) north arrow
	Wesson
	Li avel #3
	#3 /
	SS Standard S
	Sing to
	14/ - Y ×r
	Landowner Name: Tom Burgess
┢	
	I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations,
	if applicable, and state laws.
	Rayborn Drilling Inc. 0-60 12/28/15
	Print Name of Responsible Licensee and License No. Date Signature of Licensee

Signature of Licensee Form: WWR-SWR-1A (4/13)

County: Lincol A Pump Installer's Completion Report Prime Installer's Completion Report Mississippi Department of Environmental Quity Office of L0 As 2009 Jackson, KS 3225 3209 Jackson, KS 3225 320 Jackson, KS 3225 320 Jackson, KS 3225 320 Jackson, KS 3225 3209 Jackson, KS 3225 3209 Jackson, KS 3225 3200 Jackson, KS 3225 320 Jackson, KS 3225 3209 Jackson, KS 3225 3209 Jackson, KS 3225 3209 Jackson, KS 3225 3209 Jackson, KS 3225 320 Jackson, KS 3225 320 Jackson, KS 325 320 Jackson,		STATE WE	LL REPORT			
Pump Installer's Completion Report Pump Installer's Completion Report Differ Some State Stat	County: Lincoln			For Office Use Only:		
Dortler: Garvieweiger Date completed: 12/28/15 Copy information from block on Part 1 Off the optimum 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 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 completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 State Cap State State State Of the copy of must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 Well Owner Information Well Owner Information Well Owner Information Well Owner Information Well Oscience State State Off Part 1 State <td></td> <td>Pump Installer'</td> <td>s Completion Report</td> <td>No. 1 39</td>		Pump Installer'	s Completion Report	No. 1 39		
bate completed: $1 \ge 2 \ge 115$ p.0. b00 2307 Aquifer: Corv information from block on Part 1 Date completed: $6017961-5210$ (6017961-5210) Corv information from block on Part 1 Corv information (6017961-5210) (6017961-5210) This part of the report must be completed by all locussed water well contractor or a licensed pump installer. A copy of Part 1 (6017961-5210) (601796-535) Well Owner Information Well Owner Information Well Coston Well coston Well coston Swell Owner Information Well Owner Information Latitude: $31^2 41^2 5^{11}$ Latitude: $31^2 41^2 5^{11}$ Location Swell Owner Information Well Owner Information Latitude: $31^2 41^2 5^{11}$	pellor Gany Rayborn	Mississippi Departmen	and Water Resources	well #:		
(601) 100-0535 (fix) (601) 300-0535 (fix) This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report must be attached and both parts filed with the Department at the above address within 30 days well completion. Well Owner Information Well Sign Dythic Dyth Information Well Sign Dythic Provide Methed BPS Well Sign Dythic Provide Methed Information Informedia For Mark Beat Pump Dythic (describe): Well Sign Dythic Provide Methed Provide Methed Provid	Driller: 12/28/15	P.0	Box 2309	Aquifer		
(601) 360-0535 (fax) (601) 360-053 (fax) (601) 360-053 (fax)		Jackson,	MS 39225-2309	Aquiter		
of the report must be attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with the Department in the duors attached and both parts filed with filed by the duors attached and both parts filed with the Department in the duors attached and both parts filed with a drawdown of feet after hours of pumping in the dow information power are certifying that this meter was installed in manufacturer standards. For the duors is on the MDEQ website. Meeter Manufacturer: Meter installed by: Meeter Manufacturer: Meter installed by: Meeter Manufacturer: Meter installed by: Meeter Model Number/Name: Meter installed by: <td></td> <td colspan="5"></td>						
Well Owner Information Information Dwner Name: Tom Burgess Walling Address: (HAird Well) B1 (G New Sight Dr. NE Uses quad., Hand-held CPS., Survey-grade GPS. WESS on MS $39(91)$ State Zip Code City State Zip Code Version State Zip Code State Zip Code State Version State Zip Code Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): (Nearest Town) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Gallons Per Minute Is This Pump (circle one): New Replaced Replacement Power Type (circle one) Gallons Per Minute Is This Pump (circle one): New Replated for Non Flowing Well Duration of Pump Test (minimum 4 hours): hours Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): hours hours Static Water Level (A): 45 Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute Method of measurement (circle one): Steel tape (Electric tap) Air line Other (descr	This part of the report must be complete of the report must be attached and both	d by a licensed water w parts filed with the Dep	ariment at the above address t	ritter of the second		
Walling Address: (HAird Well) Bit is New Sight Dr. NE UGS quad_, Hand-held GPS_, Survey-grade GPS_ Wesson MS B9 (9) State Zip Code X, Sec. G. T. SN. R.S.E. Wesson MS B9 (9) City State Zip Code Wasson MS B9 (9) City State Zip Code Wasson MS B9 (19) City State Zip Code Wasson MS B9 (19) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Mearest Town) Date Pump Installed: (2/28 /15 Rated Pump Capacity: 40 Gallons Per Minute Is Tris Pump (circle one): Mearest Town) Gallons Per Minute Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Gallons Per Minute Belled Gasoline Natural Gas Tractor PTO Windmill Other (describe): Hours of Stages: 14 Date Well Tested: (2/28 /15 Duration of Pump Test (minimum 4 hours): hours of stages: 14 Date Well Tested: (1/2/28 /15 Duration of	Well Owner Informati	on				
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Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	Telephone No. (601) 757-53	355	(Distance) (Direction)	(Nearest Town)		
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Drawdown [(B) - (A)]:	Static Water Level (A): <u>45</u> Fee	et Below Land Surface	Pumping Water Level (B):	Feet Below Land Surface		
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Meter Manufacturer:	Well yieldedGPM with a	drawdown of	feet after	hours of pumping		
Meter Model Number/Name:						
Meter Model Number/Name:	Meter Manufacturer:		Meter Serial Number:	× ^		
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Raubora Dalling Inc. 0-60 12/28/15				`		
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