Cisco #1

County: Lincoln
Permit #:
Driller: Gary Rayborn
Date drilling completed: 81014

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)

For Office Use Only:			
Well #:	K155		
Aquifer:			
E-Log #:			

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	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 31° 26 '50" Nongitude: 90° 34' 19" W			
Owner Name: D+D Drilling Inc				
Mailing Address: P.O.Boy 1634	Method of Lat/Long (check one): Conventional Survey,			
Marting Address	USGS quad, Hand-held GPS, Survey-grade GPS			
	SW & NE 4, Sec 35 T GN R GE			
terriday LA 71334	5W 1/2 NE 1/4, Sec_ 33 T_ 6/V R_ 6/P			
City State Zip Code	3 Miles S of W Lincoln			
Telephone No. (318) 757- 3274	(Distance) (Direction) (Nearest Town)			
Well / E	Borehole Data			
Date drilling started: 019119 Date drilling completed	: 8 10 14 Hole depth: 110 Hole diameter: 4 "			
Location of the source of any surface water used for drilli	ng:			
Method of dosing and volume of Chlorine used in drilling a	and development:			
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other	(describe)			
	•			
	construction, skip the remainder of this block			
Purpose of Well (circle all applicable): Home Industrial	Public Supply Irrigation Fish Culture			
Other (describe): KIG SUPPLY				
If a flowing well, method of flow regulation: Valve	Other (describe)			
Static Water Level:feet [above or below] land surface Date measured:8 10 14				
Method of measurement (circle one): Steel tape (Electric				
110				
Well depth: 10 Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix				
Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length: 20 feet Screen diameter: 4 inches Type of screen: $9\sqrt{C}$				
Screen slot size: 1020 inches Setting depth: From 90 feet to 110 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):	AUG 1 t 2			

If telescoped or more than one screen, describe on next page

County: Litricolo		For Office Use	Only:
Permit #:	Well	#:	
The sketch below only required for water wells	Description of formations encounte and boreholes, unless specifically e	ered must be provided exempted by regulation	l for all well ns
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encountered	d From (depth)	To (depth)
	Red Chalk Sand	Ground level	<u>50</u>
	Pea Gravel	60	100
	Chalk	100	110
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	PORTER TRAIN		# 5
	33)	36 WALLER ST. 36	Harry .
If more than one screen, show location of each on sketc	h	34 84 84 84 84 84 84 84 84 84 84 84 84 84	93 9
sketch the property layout and include the following:	GOODWILL LP. SW	LAND IN 25	W i 6
the well location any permanent structures on the property that me	av aid in locating	FAILVER RO. SW	
3) any roads, power lines, or other items that may a 4) north arrow	tid in locating the		SILE E
	SPRINGVIEW &	LDERMAN S	ş A
	THE SW. LY. SW	West Lincoln	TE CONTRACTOR OF THE CONTRACTO
	\$ 100	4	D. S. C.
		MOBERTS CALL	Δ
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	ALABASTER 28)	AUBURN DR SH SOO	
	20 5 27	SW Jugar 25 S	3. 80
	33 75 6	ALABASTER B	7 .
	33 8 3	36	31
	77, SIP	DR.	
andowner Name:	NE STATE OF THE ST		
HEREBY CERTIFY that the well/borehole was drille	d constructed and annual at the	nce with all applical	ole Zulations
2: 1 2 -1	111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
nayborn Drilling Inc 0-60 int Name of Responsible Licensee and License No		, K	
The reality of responsible Licensee and License No	Date Signati	ure of Licensee Form: OLWR-SW	/P 4A /4/43

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210

For Office Use Only:				
Well #:K 155				
Aquifer:				

Copy information from block on Part 1

8-1

Lincoln

County:

Permit #:

Driller: OCI

Date completed:

(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 Latitude 31° 26 '50" Nongitude: 90° 34' 19 Owner Name: __ Mailing Address: Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held GPS_____, Survey-grade GPS_ 5N 4 NG 4. Sec 35 T 6N R 6E Telephone No. 台図 (Direction) Pump Type (circle one) Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): ______ 81101 Rated Pump Capacity: ______ Gallons Per Minute Date Pump Installed: Is This Pump (circle one): (New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Setting Depth: 105 _feet Number of Stages: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well 10. Date Well Tested: Duration of Pump Test (minimum 4 hours): _____ hours 55_ Feet Below Land Surface Pumping Water Level (B): ______ Feet Below Land Surface Static Water Level (A): __ Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute Drawdown [(B) - (A)]: ____ Method of measurement (circle one): Steel tape (Electric tape) Air line Other (describe):_ Pump Test Data for Flowing Well Measured shut in head: _____feet. _GPM with a drawdown of _ feet after _____hours of pumping Well yielded _ 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):______ Meter installed by: _ Installation Date: _____ Is This Meter (circle one): New Repaired Replacement

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Rayborn Drilling Inc 0-60 8/1	JIY TO THE STATE OF THE STATE O
Print Name of Pump Installer and License No. (if applicable)	te Signature of Pump Installer
L V	Form: OI WD-CWD-1R IAI

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.