Correction * Change of ownership of well *

county: Lincoln	
Permit #:	
Driller: Gary Rayborn	
Date drilling completed: 8 10 14	

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	e Use Only:
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Well #: K156

Aquifer:

E-Log #: ____RECEIVED

AUG 2 0 2014

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jerry Sisco</u>	Latitude: 31-26-50 Longitude: 90-34-19
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,
1943 Jackson-Liberty Dr	USGS quad, Hand-held GPS, Survey-grade GPS
Bogve ChiHo MS 39629 City State Zip Code	5W 14 NE 14, Sec 35 T 6N R 6E
Telephone No. (601) 754 - 4135	Miles of
Well /-B	Borehole Data
	: Hole depth: Hole diameter:
ocation of the source of any surface water used for drillin	ng:
Method of dosing and volume of Chlorine used in drilling a	and development:
ogs run (circle all applicable): No log run Electric Gamn	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	1 CI
Purpose of borehole (circle one): Water Well Geotechni	ical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
	construction, ship the remainder of this block
Purpose of Well (circle all applicable): Home (Industrial	Public Supply Ingigation Fish Culture Domestic?
Other (describe):	
f a flowing well, method of flow regulation: Valve	Other describe)
Static Water Level:feet [above or below (circle one)	v] land surface Date measured:
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
Well depth: Well grouted to a depth of: f	feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length:feet Casing diameter:	inches Type of casing:
Screen length:feet Screen diameter:	inches Type of screen:
Screen slot size:inches Setting depth:	: Fromfeet tofeet
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Development
Other (describe):	
(

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

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

County:	We	For Office Use	, i	
The sketch below only required for water wells	Description of formations encountered must be provided for all well and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch.	una borenoies, uniess specificativ	exemplea by regulation	<u>uns</u>	
Ground Level	Description of Formations Encounter	red From (depth) Ground level	To (depth)	
				
			· · · · · · · · · · · · · · · · · · ·	
If more than one screen, show location of each on sketch				
Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may 3) any roads, power lines, or other items that may aid 4) north arrow	aid in locating the well in locating the property and the well			
/				
. /				
-				
Landowner Name:				
I HEREBY CERTIFY that the well/borehole was drilled requirements of the Mississippi Department of Environ fapplicable, and state laws.	, constructed, and completed in acconnmental Quality and the Mississippi D	ordance with all appli Department of Health	cable regulations,	

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	•	CISCO #1
	STATE WELL REPORT	
county: Lincoln	Part 1	For Office Use Only:
	Driller's Log	Well #: K156
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: Gary Rayborn	Office of Land and Water Resources P.O. Box 2309	E-Log #:
Date drilling completed: \(\frac{\delta[10][F]}{\delta} \)	Jackson, MS 39225-2309	1 23 - 1
	(601)961-5210	AUG 2 0 201
	(601)360-0535 (fax)	
State Law requires that this report Department at the above address w	be prepared by the license holder responsible for t within 30 days of completion of drilling of the well	he work and filed with the or borehole.
Well Owner Informat	,	ehole Location
(Landowner if borehole is not for		ngitude: 90° 34′ 19″ W
Owner Name: D+DDrill	ing Inc	
Mailing Address: P.O.Box	1634 Method of Lat/Long (check one	e): Conventional Survey,
	USGS quad, Hand-held G	iPS, Survey-grade GPS
	MIDNI SIN WATER WAS	35 T GN R GE
Terriday LA State		1
	Miles ~	of W Lincoln
Telephone No. (318) 757-3	(Distance) (Direction)	(Nearest Town)
Location of the source of any surface of Method of dosing and volume of Chlori Logs run (circle all applicable). No log of Name of organization running log(s): _Purpose of borehole (circle one). Water Seism	r Well Geotechnical/Geological Investigation nic Survey Other (describe)	on Other: Ground Source Heat Pump
If drilling is not rel	lated to water well construction, skip the remainde	r of this block
Purpose of Well (circle all applicable): Other (describe): RiG Suf	Home Industrial Public Supply Irrigation	Fish Culture
If a flowing well, method of flow regul	lation: Valve Other (describe)	

_ feet

Date measured:

_inches

Type of grout (circle one) (Neat Cement Bentonite Mix

Type of casing:

feet [above or below] land surface (circle one)

Method of measurement (circle one): Steel tape (Electric tape) Air line Other (describe):

Casing diameter:

Top of lap pipe or reduction in casing: _____feet

Well depth: 10 Well grouted to a depth of: 10

feet

Casing length: <u>90</u>

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

PVC

County: Lincoln		Fo	r Office Use	Only:
Permit #:		Well #: _	K156	
The sketch below only required for water wells	Description of forma and boreholes, unles	tions encountered	must be provide	ed for all w
f well telescopes, show depths on sketch.				ons
Ground Level	Red Cha	ons Encountered	From (depth) Ground level	To (depti
	Sand	415	50	50
	Pea Grav	el	60	100
	Chalk		100	110
·				
				-
	28	2 2	9	
	SHED BO A	A A A		#
	PORTER	MOAW		
	TRAW	MCCRLL C		
			/ 1 18 3	23B
	32 XONG		35 May 84	
nore than one screen, show location of each on sketch	[] b 6c		1 84	
	30/00	900 Domi.	a 1 84	3002 sw : 6
ch the property layout and include the following:		3 0000wx L LP. SW	a de la company	3001 3001
ch the property layout and include the following: 1) the well location 2) any permanent structures on the property that many in	d in locating		1 84 Sephale	SW 1 6
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cch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in 3) any roads, power lines, or other items that may aid in 4) north arrow owner Name: EEBY CERTIFY that the well/borehole was drilled, correments of the Mississippi Department of Environments of the Mississippi Department of Environments.	SPANSVIEW STUDIES OF THE STUDIES OF	Hurricane III Lake W SWCHAIL III Lake W SWCHAIL III Lake W SWCHAIL III LAKE W SWCHAIL III LAAS FER 25 SW SW SW SWCHAIL III ALLIANS FER 25 SW SW SWCHAIL III ALLIANS FER 25 SW SW NOON ALLIANS FER 25 SW SW SW NOON ALLIANS FER 25 SW	West Lincoln 19 19 19 19 19 19 19 19 19 19 19 19 19	ble gulations,
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ch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid 3) any roads, power lines, or other items that may aid in 4) north arrow owner Name: ERY CERTIFY that the well (berebele was dell)	onstructed, and complete ental Quality and the Mississippi special part of the mississippi spe	Hurricane III Lake W SWCHAIL III Lake W SWCHAIL III Lake W SWCHAIL III LAKE W SWCHAIL III LAAS FER 25 SW SW SW SWCHAIL III ALLIANS FER 25 SW SW SWCHAIL III ALLIANS FER 25 SW SW NOON ALLIANS FER 25 SW SW SW NOON ALLIANS FER 25 SW	West Lincoln 19 19 19 19 19 19 19 19 19 19 19 19 19	de la



AUG 2 0 2014

STATE WELL REPORT

Part 2 Lincoln

County:

Permit #

Driller: (AC)

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

> P.O. Box 2309 (601)961-5210

For Office Use	
Well #: K156	
Aquifer:	

Date completed: Jackson, MS 39225-2309 Copy information from block on Part 1 (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 Location Well Owner Information " N Longitude: 90° 34' 19 Mailing Address: Method of Lat/Long (check one): Conventional Survey_ USGS quad_____, Hand-held GPS_____, Survey-grade GPS_ Zip Code Telephone No. ろiと 1 (Direction) (Distance) Pump Type (circle one) Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): 8110 Date Pump Installed: Replacement Is This Pump (circle one): (Repaired Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: Setting Depth: _ _feet Number of Stages: _ Pump Test Data for Non Flowing Well 101 Date Well Tested: Duration of Pump Test (minimum 4 hours): _____ hours Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): ______Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute 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 ____hours of pumping Well vielded _ feet after_ Meter Installation Meter Manufacturer: ___ _____ Meter Serial Number: ______ Type of Meter: Meter Model Number/Name: ____ Totalizer Register Unit and Multiplier Factor (AF x .001 gal x 1000, etc): Installation Date: _____ Meter installed by: Replacement Is This Meter (circle one): New Repaired 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. born Drilling Inc

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

Signature of Pump Installer

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