

Correction



*** Change of ownership of well ***

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)

County: Lincoln
 Permit #: _____
 Driller: Gary Rayborn
 Date drilling completed: 8/10/14

For Office Use Only:
 Well #: K156
 Aquifer: _____
 E-Log #: _____

RECEIVED

AUG 20 2014

BY: OLWR

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jerry Sisco</u>	Latitude: <u>31-26-50</u> Longitude: <u>90-34-19</u>
Mailing Address: _____ <u>1943 Jackson-Liberty Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Bogue Chitto</u> <u>MS</u> <u>39629</u> City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼, Sec. <u>35</u> T <u>6N</u> R <u>6E</u>
Telephone No. <u>(601) 754-4135</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling 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) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture Domestic?

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

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

Well depth: _____ Well grouted to a depth of: _____ 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: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

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

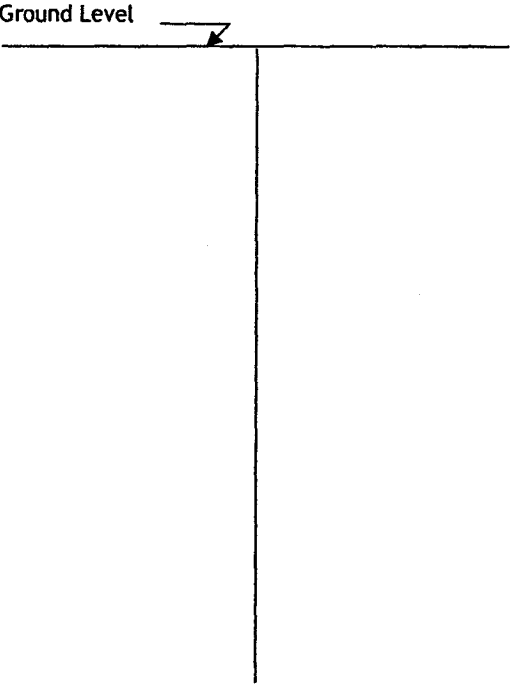
See Original Report

County: _____
Permit #: _____

For Office Use Only:
Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

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

Description of Formations Encountered	From (depth) Ground level	To (depth)

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow

Landowner Name: _____

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.

Print Name of Responsible Licensee and License No. _____ Date _____ Signature of Licensee _____

CISCO # 1

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 #: K156
Aquifer: _____
E-Log #: _____

RECEIVED

AUG 20 2014

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.

BY: OLWR

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>D+D Drilling Inc</u>	Latitude: <u>31° 26' 50" N</u> Longitude: <u>90° 34' 19" W</u>
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ferriday</u> <u>LA</u> <u>71334</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>S10</u> ¼ <u>NE</u> ¼, Sec <u>35</u> T <u>6N</u> R <u>6E</u>
Telephone No. <u>(318) 757-3274</u>	<u>3</u> Miles <u>S</u> of <u>W Lincoln</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>8/9/14</u>	Date drilling completed: <u>8/10/14</u> Hole depth: <u>110'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture	
Other (describe): <u>RIG SUPPLY</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>55</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8/10/14</u>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____	
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix	
Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1020</u> inches Setting depth: From <u>90</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

County: Lincoln

Permit #: _____

For Office Use Only:

Well #: K156

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

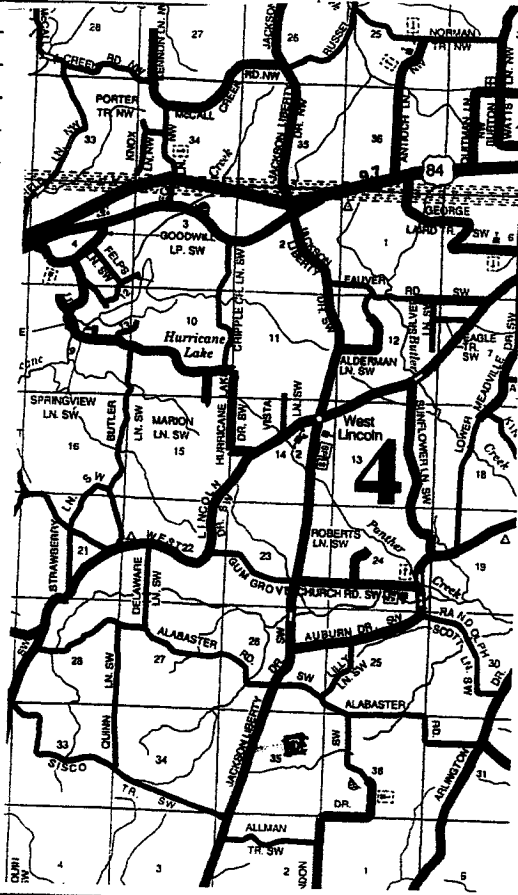
If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating
- 3) any roads, power lines, or other items that may aid in locating the
- 4) north arrow

Description of Formations Encountered From (depth) To (depth)

Description of Formations Encountered	From (depth)	To (depth)
Red Chalk	Ground level	50
Sand	50	60
Pea Gravel	60	100
Chalk	100	110



Landowner Name: _____

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 8/11/14

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

AUG 20 2014

STATE WELL REPORT

Part 2

County: Lincoln
 Permit #: _____
 Driller: Gary Rayborn
 Date completed: 8-10-14
 Copy information from block on Part 1

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
 (601) 360-0535 (fax)

For Office Use **OLWR**
 Well #: K156
 Aquifer: _____

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		Well Location	
Owner Name: <u>D+D Drilling Inc</u>	Latitude: <u>31° 26' 50" N</u>	Longitude: <u>90° 34' 19" W</u>	
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Ferriday</u> <u>LA</u> <u>71334</u>	<u>1/4</u> <u>1/4</u> , Sec <u>35</u> T <u>6N</u> R <u>6E</u>		
City State Zip Code	<u>3</u> Miles <u>S</u> of <u>W. Lincoln</u>		
Telephone No. <u>(318) 757-3274</u>	(Distance)	(Direction)	(Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8/10/14 Rated Pump Capacity: 600 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5HP Setting Depth: 105 feet Number of Stages: 11

Pump Test Data for Non Flowing Well
 Date Well Tested: 8/10/14 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: 600 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.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
 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 Inc 0-60 8/11/14
 Print (Name of Pump Installer and License No. (if applicable)) Date Signature of Pump Installer