

County: Covington
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 9-14-12

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: N32
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jacy Childs</u> Mailing Address: <u>488 Lott Town Rd</u> <u>Sunnall Ms</u> City State Zip Code: <u>39482</u> Telephone No.: <u>(601) 517 1381</u>	Latitude: 31 17 24 <u>31 26 04</u> Longitude: 89 50 934 <u>89 26 40</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 31 Twn 14 N Rng 18 W</u> Distance Direction Nearest Town <u>6</u> Miles <u>East</u> of <u>Sunnall Ms</u>

Well / Borehole Data

Date drilling started: 9-14-12 Date drilling completed: 9-14-12 Hole depth: 240 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek
 Method of dosing and volume of Chlorine used in drilling and development: 3 1/2 Shock

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check 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 (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 9-14-12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 240 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 220 feet to 240 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

Form: OLWR-SWR-1A (04/08)

RECEIVED
 JAN 14 2013
 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: N32

Elevation: _____

County: Covington
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 9-14-12

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Jerry Childs</u> Mailing Address: <u>489 Lott Town Rd</u> <u>Sumrall Ms</u> <u>39482</u> City State Zip Code Telephone No. (<u>601</u>) <u>577 1381</u>	Latitude: 31-14-248 Longitude: 89-50-734 <u>31-26-04</u> <u>89-26-40</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 26</u> Twn <u>4N</u> Rng <u>14W</u> Distance Direction Nearest Town <u>6</u> Miles <u>EAST</u> of <u>Sumrall Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9-14-12</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>160</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-12</u> Static Water Level (A): <u>110</u> Feet Below Land Surface Pumping Water Level (B): <u>160</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface Test Pumping Rate: <u>20</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>40</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>20</u> GPM with a drawdown of <u>220 30</u> feet after <u>240 40</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JAMES WELLS 0-586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

RECEIVED
 JAN 14 2013
 BY: OIWR