

Hwy 98 Shallow

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Lyman  
 Date drilling completed: 5/17/2014

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B 99  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ronald Childers Farms LLC</u>	Latitude: <u>30° 58' 16"</u> Longitude: <u>88° 39' 47"</u>
Mailing Address: <u>33081 Hwy 98</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale</u> <u>MS</u> <u>39452</u> City State Zip Code	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>11</u> Twn <u>15</u> Rng <u>7W</u>
Telephone No. <u>(601) 947-2149</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 5/17/2014 Date drilling completed: 5/17/2014 Hole depth: 70 Hole diameter: 7 7/8"

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

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 (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: 34 feet above or below (circle one) land surface Date measured: 5/17/2014

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

Well depth: 70 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 50 feet to 70 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 (4/08)

**Received**  
 JUN 04 2014  
**BY OLWR**

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 JUN 16 2014  
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# 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  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B 99  
 Elevation: \_\_\_\_\_

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Lynan Well  
 Date completed: 5/17/2014

*Copy information from block on Part 1*

*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>Ronald Childers Farms LLC</u>	Latitude: <u>30 58 16</u> Longitude: <u>88 39 47</u>
Mailing Address: <u>33081 Hwy 98</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>S15 1/4 S15 1/4 Sec 11 T 15 R 7W</u>
Telephone No. <u>(601) 947 2149</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/17/2014</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/17/2014</u>	Air Line <input type="checkbox"/> <b>Electric Measuring Line</b> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>34</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>26</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>26</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Ladner 0-640  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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JUN 04 2014

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Form OLWR-SWR-1B (04/08) 2014