

# 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 #: F166  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: 0-780  
Driller: J. Rene  
Date drilling completed: 3/5/12

**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>Childres Farms</u>	Latitude: <u>30° 49' 58"</u> Longitude: <u>89° 40' 05"</u>
Mailing Address: <u>Hwy 98 West</u>	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>00</u> Survey-grade GPS
<u>Lumbah MS 39452</u>	USGS quad: <u>12N 10W 35</u> Hand-held GPS, <u>7W</u> Survey-grade GPS
City State Zip Code	<u>12N 10W 35</u> Twn <u>12S</u> Rng <u>7W</u>
Telephone No. <u>(601) 530-2111</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>South</u> of <u>Central, MS</u>

### Well / Borehole Data

Date drilling started: 3-5-12 Date drilling completed: 3-5-12 Hole depth: 80 Hole diameter: 4 inch

Location of the source of any surface water used for drilling: Aquela, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4gal chlorine

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: 5 feet above or below (circle one) land surface Date measured: 3-5-12

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40 Plastic

Screen slot size: 10 inches Setting depth: From 70 feet to 80 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)

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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 #: F166  
 Elevation: \_\_\_\_\_

County: Dezade  
 Permit #: 0-780  
 Driller: J-Paul  
 Date completed: 3-5-12

*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>Childress James</u>	Latitude: <u>30-49-979</u> Longitude: <u>88-40-015</u>
Mailing Address: <u>High 98 west</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbah ms 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>06</u> 1/4 <u>50</u> 1/4 Sec <u>35</u> T <u>25</u> R <u>7W</u>
Telephone No. ( <u>601</u> ) <u>530-2111</u>	Distance <u>4</u> Miles <u>IR</u> <u>NE</u> Direction <u>43</u> Nearest Town <u>central, ms</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>3-5-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3-5-12</u>	Circle one
Static Water Level (A): <u>5</u> Feet Below Land Surface	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>10</u> Gallons Per Minute	Well yielded <u>100</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>5</u> feet after <u>48</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Joel Paul 0-780 Joel Paul  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer


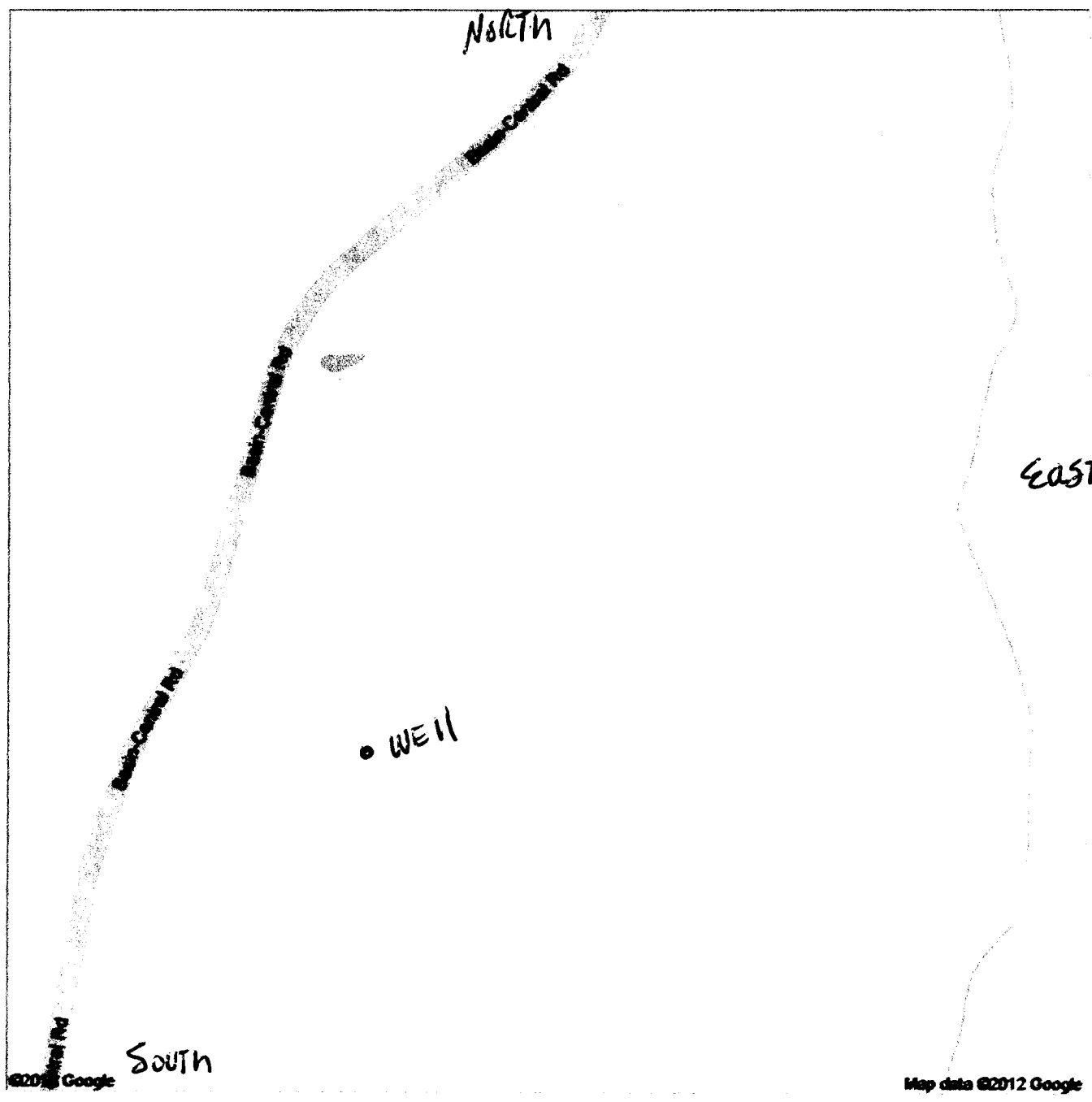
Form: OLWR-SWR-1C (07-09)

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Address Lucedale, MS 39452

Get Google Maps on your phone  
 Text the word "GMAPS" to 466453

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