

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)

County: George
Permit #: _____
Driller: Mil & Wade
Date drilling completed: 4-27-10

For Office Use Only:
Aquifer: K 115
Well #: _____
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</u> | Latitude: <u>30° 46' 36"</u> Longitude: <u>88° 38' 46"</u> |
| Mailing Address: <u>33081 Hwy 98</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lucedal Ms 39452</u> City State Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 13 Twn 135 Rng R7W</u> |
| Telephone No. () _____ | Distance: <u>8</u> Miles Direction: <u>S</u> of <u>Lucedal</u> |

Well / Borehole Data

Date drilling started: 4-27-10 Date drilling completed: 4-27-10 Hole depth: 150 Hole diameter: 8 1/2

Location of the source of any surface water used for drilling: NONE

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: 45 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC 40

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

Screen slot size: 12 inches Setting depth: From 130 feet to 150 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
MAY 25 2010
BY: OLWR

K 115

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level \rightarrow

| Description of Formations Encountered | From (depth) Ground Level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Clay | 0 | 3 |
| sand | 3 | 18 |
| Clay | 18 | 50 |
| sand | 50 | 72 |
| Clay | 72 | 87 |
| sand | 87 | 95 |
| Clay | 95 | 105 |
| sand | 105 | 150 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Ronald Childress

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

I 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.

Michael R. Fry
 Print Name of Responsible Licensee and License No. Date

Michael R. Fry
 Signature of Licensee

MAY 20 2010

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)

County: Dezoo
 Permit #: _____
 Driller: M. & W. Co.
 Date completed: 4-30-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: K115
 Well #: _____
 Elevation: _____

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</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>33081 Hwy 98</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Lucedal Ms 39452</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>13</u> T <u>35</u> R <u>R7W</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town |
| | <u>8</u> Miles <u>5</u> of <u>Lucedal</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>4-30-10</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>45</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>65</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface | Well yielded <u>180</u> GPM with a drawdown of |
| Test Pumping Rate: <u>100</u> Gallons Per Minute | <u>20</u> feet after <u>1 1/2</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.

Michael R Fryfoyle 08408 Michael R Fryfoyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAY 25 2010
 BY: OLWR