

Hodge Rd # 2

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 #: K 127
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: _____
Driller: Lyman Well
Date drilling completed: 5/16/2014

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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ronald Childers Farms LLC</u> Mailing Address: <u>33081 Hwy 98</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. <u>(601) 947-2149</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>30° 46' 51"</u> Longitude: <u>88° 38' 10"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 13 Twn 35 Rng 7W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 5/16/2014 Date drilling completed: 5/16/2014 Hole depth: 260 Hole diameter: 7 3/8
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: 87 feet above or below (circle one) land surface Date measured: 5/16/2014
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 260 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: SAW
Screen slot size: .008 inches Setting depth: From 230 feet to 260 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)

County: George
 Permit #: _____
 Driller: Lyman Well
 Date completed: 5/16/2014
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K127
 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 Farms LLC</u>	Latitude: <u>30 46 51</u> Longitude: <u>88 38 10</u>
Mailing Address: <u>33081 Hwy 98</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale MS 39452</u>	<u>SE 1/4 SE 1/4 Sec 13 T 35 R 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-2149</u>	_____ Miles _____ of _____

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 Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>5/16/2014</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/16/2014</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>87</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>43</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>43</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

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

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