

# 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: Lyman Well  
Date drilling completed: 5/10/2014

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L 229  
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>Ronald Childers Farms LLC</u>	Latitude: <u>30° 48' 07"</u> Longitude: <u>88° 35' 22"</u>
Mailing Address: <u>33081 Hwy 98</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale</u> <u>MS</u> <u>39452</u> City State Zip Code	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>9.4</u> Twn <u>35</u> Rng <u>6W</u>
Telephone No. <u>(601) 947-2149</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>5/10/2014</u> Date drilling completed: <u>5/10/2014</u> Hole depth: <u>140</u> Hole diameter: <u>2 3/8"</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>47</u> feet above or below (circle one) land surface Date measured: <u>5/10/2014</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>140</u> Well grouted to a depth of <u>15</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>saw</u>	
Screen slot size: <u>.005</u> inches Setting depth: From <u>110</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

Form: OLWR-SWR-1

Received

JUN 04 2014

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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: George  
 Permit #: \_\_\_\_\_  
 Driller: Lyman Well  
 Date completed: 5/10/2014  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L 229  
 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 48 07</u> Longitude: <u>88 35 22</u>
Mailing Address: <u>33081 Hwy 98</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale MS 39452</u> City State Zip Code	<u>SW 1/4 NE 1/4 Sec 49 T 35 R 6W</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 <u>Submersible</u>	Diesel Engine                  Gasoline Engine                  Natural Gas
Bucket                      Piston                      Turbine	Electric Motor                  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>5/10/2014</u>	Setting Depth: <u>140</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>5/10/2014</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>47</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>63</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>63</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                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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

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