

Well #1

County: Green
 Permit #: _____
 Driller: D. Cain
 Date drilling completed: 5-6-2016

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 #: J 35
 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>Randy Childress</u>	Latitude: <u>31° 14' 11"</u> Longitude: <u>88° 47' 04"</u>
Mailing Address: <u>325 R'S Creek Crossing</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lakesville Ms 39451</u>	USGS quad: <u>NE 8 1/4 SW 1/4 Sec 10 Twn 3N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 394-3952</u>	<u>8</u> Miles <u>S/W</u> of <u>Sam Hill Ms</u>

Well / Borehole Data

Date drilling started: 5-3 Date drilling completed: 5-6 Hole depth: 220 Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm. Water System
 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: 110 feet above or below (circle one) land surface Date measured: 5-5-2016

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

Well depth: 220 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: # 10 inches Setting depth: From 200 feet to 220 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*

MS Water Well Drilling 0-374 Nelson Cain 5-26-2016 Form: OLWR-SWR-1A (04/08)
 Received SEP 06 2016

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)

For Office Use Only:

Aquifer: _____
 Well #: 535
 Elevation: _____

County: Green
 Permit #: _____
 Driller: D. Cain
 Date completed: 5-6-2016
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.

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Well Owner Information	Well Location
Owner Name: <u>Randy Childress</u>	Latitude: <u>31° 14' 11"</u> Longitude: <u>88° 47' 09"</u>
Mailing Address: <u>328 R's Creek Crossing</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leaksville Ms 39451</u>	USGS quad <u>Hand-held GPS</u> <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>5 1/4 W 1/4 Sec 10 T3N R 8W</u>
Telephone No. <u>(601) 394-3952</u>	Distance Direction Nearest Town
	<u>8 Miles S/W of Sand Hill Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5-5-2016</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-5-2016</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>Spring</u>
Pumping Water Level (B): <u>145</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>35</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.

Nelson Cain Water Well Drilling
 Print Name of Pump Installer and License No. (if applicable) 0-374

Nelson Cain
 Signature of Pump Installer

Received
5-26-2016

Form: OLWR-SWR-1B (04/06)

By OLWR