

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 #: 536
 L. S. Elevation: _____
 E-log #: _____

County: Green
 Permit #: _____
 Driller: D. Cain
 Date drilling completed: 5-12-2016

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.

Well #2

Information on Well Owner

(Landowner if borehole is not for a water well)

Owner Name: Randy Childress
 Mailing Address: 325 R'S Creek Crossing
Lakesville Ms 39451
 City State Zip Code
 Telephone No. (601) 394-3952

Well or Borehole Location

Latitude: 31° 14' 11" Longitude: 88° 47' 04"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad Hand-held GPS, Survey-grade GPS
5 1/2 W 1/4 Sec 10 Twn 3N Rng 8W
 Distance Direction Nearest Town
8 Miles S/W of Sand Hill Ms

Well / Borehole Data

Date drilling started: 5-9 Date drilling completed: 5-12 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: 5-11-2016

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 (04/09)

SEP 06 2015

By OLWR

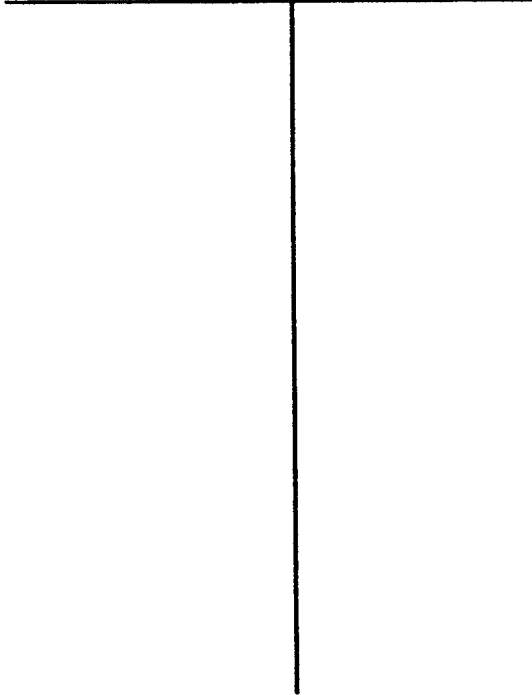
536

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Well #2



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

Description of Formations Encountered	From (depth)	To (depth)
Top soil & clay	10	25
sand	25	40
clay	40	190
sand	190	220

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: Randy 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.

MS Water Well Drilling 5-26-2016

Print Name of Responsible Licensee and License No. 0-374

Date

Signature of Licensee

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)

County: Green
 Permit #: _____
 Driller: D. Cain
 Date completed: 5-12-2016
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 536
 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 #2

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>Leakeville Ms 39451</u>	USGS quad <u>6 Hand-held GPS</u> <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>5 1/4 W 1/4 Sec 10 T. 3N 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>5-11-2016</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>5-11-2016</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.

D. Cain 5-26-2016
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

0-374

Form: OLWR-SWR-1B (04/09) 5-26-2016

By OLWR