

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: LOWNDES
Permit #: HOME OWNER
Driller: JOE JOHNSON
Date drilling completed: _____

For Office Use Only:
Aquifer: _____
Well #: C-145
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>CITRL MCDANIEL</u>	Latitude: <u>33.33, 68.2</u> W Longitude: <u>88.24, 298</u> W
Mailing Address: <u>2817 RIDGE RD</u> <u>COLUMBUS MS 39702</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>41</u>
City: _____ State: _____ Zip Code: <u>39702</u>	USGS quad, <u>SE 1/4 NE 1/4 Sec 27</u> Twn <u>17S</u> Rng <u>18W</u>
Telephone No. (<u>662</u>) <u>574-2592</u>	Distance _____ Miles _____ of _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 6 JUNE 07 Date drilling completed: 6 JUNE 07 Hole depth: 25 Hole diameter: 2 INCHES

Location of the source of any surface water used for drilling: LOWNDES WATER SYSTEM

Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A

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) N/A

Static Water Level: 13 feet above or below (circle one) land surface Date measured: 6 JUNE 07

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

Well depth: 25 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 21 feet Casing diameter: 1 1/4 inches Type of casing: WELL CLOSES AFTER WITH OUT GALV PIPE

Screen length: 4 feet Screen diameter: 1 1/4 inches Type of screen: STEEL

Screen slot size: 060 GRIT inches Setting depth: From N/A feet to _____ feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____


Other (describe): HOLE CLOSES AFTER WITH OUT

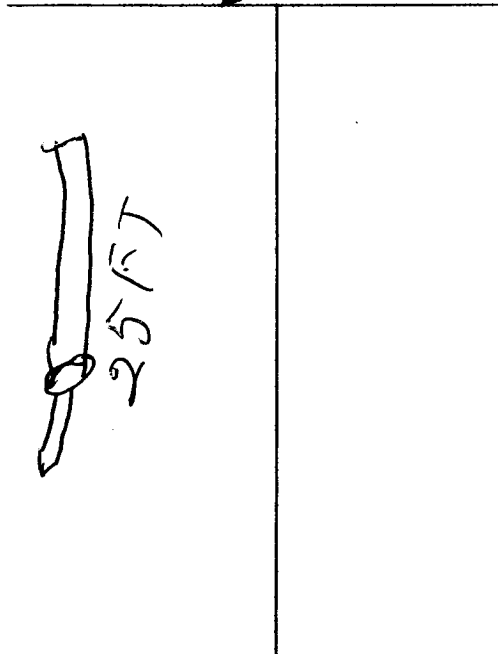
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR/SWR-1A
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



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)
	Ground Level	
GROUND DIRT		13
CLAY		2
SAND + GRAVEL		4

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.

WELL LOCATED
OFF RIDGE RD
13 MILES EAST OF COLUMBUS
MS.

Landowner Name: CARL MCDANIEL

Form: OLWR-SWR-1A

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.

JOSEPH R. JOHNSON 20 JULY 07 *Joseph R. Johnson*
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: LOWNDES
 Permit #: HOME OWNER
 Driller: JOE JOHNSON
 Date completed: 6 JUNE 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-145
 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>EARL McDANIEL</u>	Latitude: <u>88.24.298 W</u> Longitude: <u>33.33.682 N</u>
Mailing Address: <u>2817 RIDGE RD</u> <u>COLUMBUS MS</u> <u>39702</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. (<u>662</u>) <u>574-2592</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>6 JUNE 07</u>	Setting Depth: <u>9 INCHES TO TOP OF CEMENT</u> feet
Rated Pump Capacity: <u>11</u> Gallons Per Minute	Number of Stages: <u>1 STAGE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6 JUNE 07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>13</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>11</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOSEPH R. JOHNSON Joseph R. Johnson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

#0719D

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 Form: OLWR-SWR-1B
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