

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: _____
Well #: G-223
L. S. Elevation: _____
E-log #: _____

County: Louisa
Permit #: _____
Driller: Clardy
Date drilling completed: 10/12/04

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---------------------------------------|--|
| Owner Name: <u>Daphine Williamson</u> | Latitude: <u>33° 30' 37"</u> Longitude: <u>88° 27' 32"</u> |
| Mailing Address: <u>P.O. Box 2268</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Columbus, MS 39702</u> | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code | <u>S</u> ¼ <u>E</u> ¼ Sec <u>7</u> Twn <u>19N</u> Rng <u>18W</u> |
| Telephone No. <u>662 328-6355</u> | Distance Direction Nearest Town |
| | <u>1</u> Miles <u>W</u> of <u>Columbus</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10/5/04 Date well drilling completed: 10/12/04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 26 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 186 Well depth: 186 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 84 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 60' feet Screen diameter: 2" inches Type of screen: PVC
Screen slot size: 0.13 inches Setting depth: From 186 feet to 186 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: 5 feet. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Donald B Clardy 0-496
Print Name of Water Well Contractor and License No.

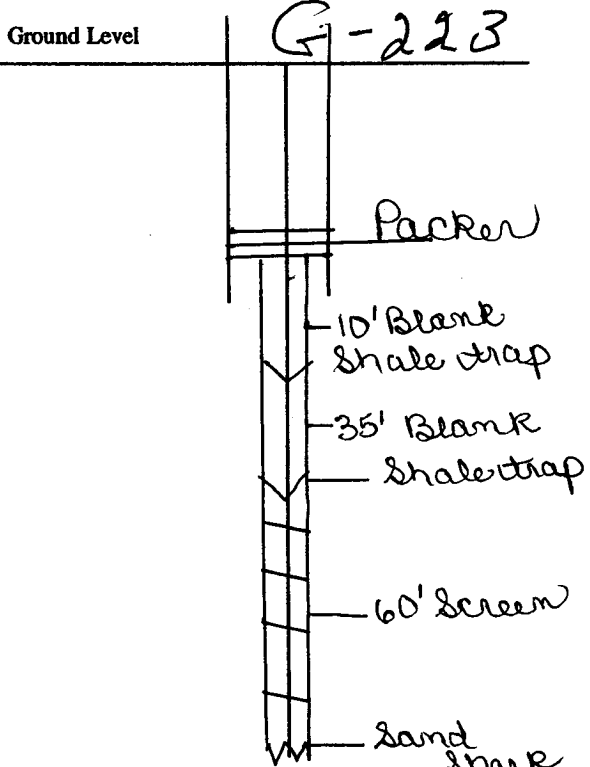
Don Clardy
Signature of Water Well Contractor

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BY: OLWR

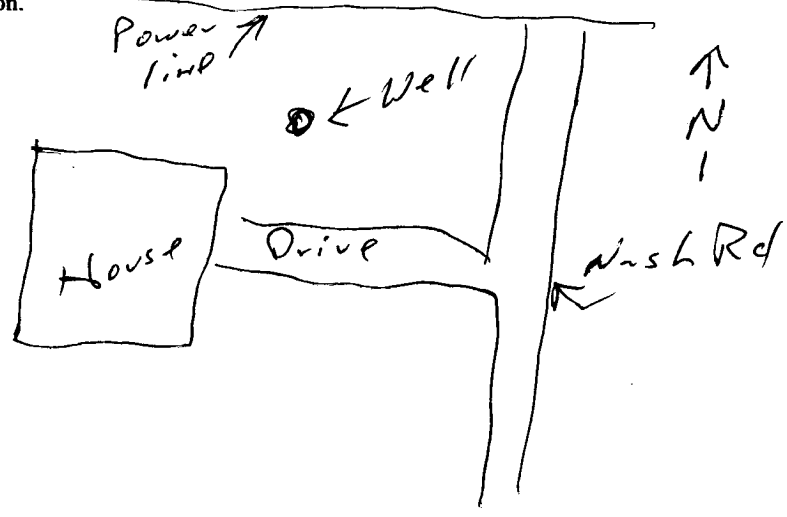
(87)
If well telescopes please sketch below and show depths.



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Red Sandy Clay | 0 | 10 |
| Sand & gravel | 10 | 52 |
| Sandy blue clay | 52 | 72 |
| Fine clay | 72 | 97 |
| SM ROCK | 97 | |
| Clay | 97 | 127 |
| Rocky sand streak | 127 | 140 |
| Sand streak | 140 | 141 |
| Rocky | 141 | 144 |
| Sandy clay | 144 | 147 |
| Fine sand | 147 | 150 |
| Sandy clay | 150 | 152 |
| Rocky sand streak | 152 | 154 |
| Sandy clay | 154 | 180 |
| Sand clay | 180 | 181 |
| Clay | 181 | 186 |
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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) indicate direction.



Landowner Name: Daphine Williams

D. Williams
Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: G-223

Elevation: _____

County: Louisiana
 Permit #: _____
 Driller: Clardy
 Date completed: 10/12/04

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---------------------------------------|---|
| Owner Name: <u>Daphine Williamson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 2268</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Columbus, MS 39702</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>S 1/4 E 1/4 Sec 7 Twn 19N Rng 18W</u> |
| Telephone No. <u>(662) 328-3168</u> | Distance Direction Nearest Town |
| | <u>1 Miles W of Columbus</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1hp</u> |
| Date Pump Installed: <u>10/12/04</u> | Setting Depth: <u>80'</u> feet |
| Rated Pump Capacity: <u>8</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10/12/04</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>26</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Donald B. Clardy 0-496
 Print Name of Pump Installer and License No. (if applicable)

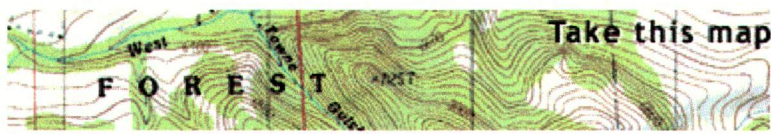
Du Clardy
 Signature of Pump Installer

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BY: OLWR

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- GET DATA
- MY TOPOZONE
- WEB SERVICES
- ABOUT US

Map/Photo Info

Topo Download

Photo Download

33° 30' 37"N, 88° 27' 32"W (WGS84)

USGS Columbus North Qua

View TopoZone Pro aerial photos, shaded relief, street maps, interact

USGS Topo Maps

- 1:24K/25K Series
- 1:100K Series
- 1:250K Series

Map Size

- Small
- Medium
- Large

View Scale

1 : 50,000

Update Map

Coordinate Format

D/M/S

Coordinate Datum

WGS84/NAD83

Show target

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