

WEL2 # 1

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)

For Office Use Only:

Aquifer:
Well #: G-226
L. S. Elevation:
E-log #:

County: LOWNDES
Permit #: LANDOWNER
Driller: JOE JOHNSON
Date drilling completed: 7 MAY 07

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)
Owner Name: CHARLIE HUTCHISON
Mailing Address: 912 TUCKAHO DR.
COLUMBUS City MS State Zip Code 39702
Telephone No. (601) 327-8131
Well or Borehole Location
Latitude: 33.30.34 Longitude 88.22.43
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
33°30.572N 088°22.713W
1/4 Sec 12 Twn 18S Rng 180W
Distance Direction Nearest Town
5 Miles EAST of COLUMBUS MS

Well / Borehole Data
Date drilling started: 7 MAY 07 Date drilling completed: 7.5.07 Hole depth: 23 FT. Hole diameter: 2 INCHES
Location of the source of any surface water used for drilling: COLUMBUS CITY WATER
Method of dosing and volume of Chlorine used in drilling and development: NONE
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 X Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) SHALLOW WELL
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: 12 FT. feet above or below (circle one) land surface Date measured: 7 MAY 07
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 23 FT. Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: feet Casing diameter: 2 inches Type of casing: GALV. PIPE
Screen length: feet Screen diameter: inches Type of screen:
Screen slot size: inches Setting depth: From feet to feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): CLOSING
Top of lap pipe or reduction in casing: N/A feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A

RECEIVED

JUN 27 2007

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

County: LOWNDES
 Permit #: BY OWNER
 Driller: JOE JOHNSON
 Date completed: 7 MAY 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-226
 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>CHARLIE HUTCHISON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>912 TUCKAHO DR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COLUMBUS MS 39702</u>	USGS quad _____, Hand-held <u>GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>33° 36' 57" N</u> <u>088° 22' 71" W</u>
Telephone No. <u>662 327-8131</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>EAST</u> of <u>COLUMBUS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP.</u>
Date Pump Installed: <u>7 MAY 07</u>	Setting Depth: <u>TOP</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>N/A</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7 MAY 07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>23 FT</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>12 FT</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7 FT</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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 JOHNSON Joseph R. Johnson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

0-719P

Form: OLWR-SWR-1B

RECEIVED

JUN 27 2007

BY: OLWR