

WELL # ~~4~~ 4

### 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: 17 MAY 07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-228  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>JOHNNY MCKINLEY</u>	Latitude: <u>33° 30' 41" N</u> Longitude: <u>88° 21' 32" W</u>
Mailing Address: <u>95 AZALEA DR</u>	Method of Lat/Long (circle one): <u>32 05</u> Conventional Survey, <u>26 40</u>
<u>COLUMBUS MS 39705</u>	USGS quad, Hand-held <u>GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 13 Twn 18S Rng 18E W</u>
Telephone No. <u>662-425-1602</u>	Distance Direction Nearest Town
	Miles <u>5</u> of _____

**Well / Borehole Data**

Date drilling started: 17 MAY 07 Date drilling completed: 17 MAY 07 Hole depth: 26 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: N/A

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): N/A

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: 12 feet above or below (circle one) land surface Date measured: 17 MAY 07

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

Well depth: 20 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 21 feet Casing diameter: 2 inches Type of casing: GAVINAZE

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

Screen slot size: 1 1/4 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): N/A

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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# STATE WELL REPORT

## Part 2

County: LOWNDES  
 Permit #: HOME OWNER  
 Driller: JOE JOHNSON  
 Date completed: 17 MAY 07  
*Copy information from block on Part 1*

**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-228  
 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>DANNY MCKINLEY</u>	Latitude: <u>33.3041N</u> Longitude: <u>88.21.872W</u>
Mailing Address: <u>95 AZALEA DR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus MS 39105</u>	USGS quad _____, Hand-held <input checked="" type="radio"/> GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 425-1602</u>	Distancce Direction Nearest Town
	_____ Miles _____ of _____

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: _____
Date Pump Installed: <u>17 MAY 07</u>	Setting Depth: <u>N/A</u> feet
Rated Pump Capacity: <u>11</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>17 MAY 07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
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: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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

#0-719P

Form: OWR-6W-11 **RECEIVED**

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