

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 #: HOMEOWNER
Driller: JOE JOHNSON
Date drilling completed: 20 JUNE 07

For Office Use Only:
Aquifer:
Well #: G-232
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)
Owner Name: LARRY VALITINE
Mailing Address: 913 TUCKAHO DR. COLUMBUS MS 39702
City: State: Zip Code:
Telephone No.: 662 329 4767
Well or Borehole Location
Latitude: 88.22, 773.0 Longitude: 33.30, 593.0
Method of Lat/Long (circle one): Conventional Survey, 46 35
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SE 1/4 Sec 12 Twn 18S Rng 180W
Distance Direction Nearest Town
Miles of

Well / Borehole Data
Date drilling started: 20 JUNE 07 Date drilling completed: 20 JUNE 07 Hole depth: 25 FT Hole diameter: 2 INCHES
Location of the source of any surface water used for drilling: COLUMBUS WATER SYSTEM
Method of dosing and volume of Chlorine used in drilling and development: AFTER WASH OUT HOLE CLOSES OWN
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 X 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: 25 feet above or below (circle one) land surface Date measured: 20 JUNE 07
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 25 Well grouted to a depth of N/A feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 21 feet Casing diameter: 1 1/4 inches Type of casing: GALV. PIPE
Screen length: 4 feet Screen diameter: inches Type of screen:
Screen slot size: 0.60 inches Setting depth: From 25 feet to 25 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): HOLE CLOSES AFTER WASH OUT
Top of lap pipe or reduction in casing: 9 INCHES ABOVE GROUND 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

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: LOWNDRES
 Permit #: HOME OWNER
 Driller: JOE JOHNSON
 Date completed: 20 JUNE 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-232
 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>LARRY VALITINE</u> | Latitude: <u>88.22.713^W</u> Longitude: <u>33.30.593^N</u> |
| Mailing Address: <u>913 TUCKAHO DR.</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 _____ _____ ¼ _____ ¼ Sec _____ T _____ R _____ |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. <u>(662) 329-4767</u> | <u>4</u> Miles <u>EAST</u> of <u>COLUMBUS</u> <u>EAST</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 | <u>Electric Motor</u> <input checked="" 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>3/4 HP.</u> |
| Date Pump Installed: <u>20 JUNE 07</u> | Setting Depth: _____ feet |
| Rated Pump Capacity: <u>13</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>20 JUNE 07</u> | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/> |
| 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>4</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ |
| Test Pumping Rate: <u>13</u> Gallons Per Minute | <u>4</u> feet after <u>6</u> 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

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