

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-234
L. S. Elevation: _____
E-log #: _____

County: LOWNDES
Permit #: BY OWNER
Driller: JOE JOHNSON
Date drilling completed: 7-8-07

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) DR. <u>WILLIAM W. CANON</u> Owner Name Mailing Address: <u>704 SYLVAN RD</u> <u>COLUMBUS MS. 39702</u> City State Zip Code Telephone No. <u>(662) 328-3018</u>		Well or Borehole Location Latitude: <u>33.30898°N</u> Longitude: <u>88.22648°W</u> Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>38</u> USGS quad, <u>(Hand-held GPS, Survey-grade GPS)</u> NW ¼ SW ¼ Sec <u>12</u> Twn <u>18S</u> Rng <u>18E</u> Distance Direction Nearest Town <u>6</u> Miles <u>EAST</u> of <u>COLUMBUS MS.</u>
Well / Borehole Data Date drilling started: <u>7-8-07</u> Date drilling completed: <u>7-8-07</u> Hole depth: <u>21 FT.</u> Hole diameter: <u>1 1/4 INCHES</u> Location of the source of any surface water used for drilling: <u>COLUMBUS WATER SYSTEM</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running logs: _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>		
Purpose of Well (check one): Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u> Static Water Level: <u>11</u> feet above or below (circle one) <u>land surface</u> Date measured: <u>7-8-07</u> Method of Measurement (circle one) <u>steel tap</u> electric tape air line other: _____ Well depth: <u>21 FT</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>17</u> feet Casing diameter: <u>1 1/4</u> inches Type of casing: <u>METAL GALV.</u> Screen length: <u>4</u> feet Screen diameter: <u>1 1/4</u> inches Type of screen: <u>STEEL</u> Screen slot size: <u>60 GRIT</u> inches Setting depth: From <u>17</u> feet to <u>21</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): <u>HOLE WILL CLOSE ON DOWN</u> Top of lap pipe or reduction in casing: <u>9 INCHES</u> feet. <i>If telescoped or more than one screen, describe on next page</i> <u>ABOVE GROUND</u>		

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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 #: BY OWNER.
 Driller: JOE JOHNSON
 Date completed: 7-8-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-234
 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.

<p style="text-align: center;">Well Owner Information</p> <p>DR- Owner Name: <u>WILLIAM W. CANON</u> Mailing Address: <u>704 SYLVAN RD</u> <u>COLUMBUS, MS. 39702</u> City State Zip Code Telephone No. (<u>662</u>) <u>328-3018</u></p>	<p style="text-align: center;">Well Location</p> <p><u>33.30.898N</u> Latitude: _____ Longitude: <u>088.22.643W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ Distance Direction Nearest Town <u>6</u> Miles <u>FROM</u> <u>COLUMBUS</u> <u>EAST OFF HWY 58</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>7-8-07</u> Rated Pump Capacity: <u>8</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2 GOULD</u> Setting Depth: <u>9 METERS ABOVE GROUND</u> feet Number of Stages: <u>ONE</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>7-8-07</u> Static Water Level (A): <u>11</u> Feet Below Land Surface Pumping Water Level (B): <u>11</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>8</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>6</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOSEPH R. JOHNSON 0-719P Print Name of Pump Installer and License No. (if applicable)
Joseph R. Johnson Signature of Pump Installer