

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-235
 L. S. Elevation: _____
 E-log #: _____

County: LOWNDES
 Permit #: BY OWNER
 Driller: JOE JOHNSON
 Date drilling completed: 7-9-07

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>JOHN R. SMITH</u>	Latitude: <u>33° 30' 903" N</u> Longitude: <u>88° 22' 774" W</u>
Mailing Address: <u>105 MASON ST.</u>	Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>46</u>
<u>COLUMBUS MS 39702</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>12</u> Twn <u>18S</u> Rng <u>180W</u>
Telephone No. <u>662 328-8707</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7-9-07 Date drilling completed: 7-9-07 Hole depth: 22 Hole diameter: 1 1/4 inch

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: YES

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 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: N/A

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 11 feet above or below (circle one) land surface Date measured: 7-9-07

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

Well depth: 22 FT. Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 22' 8" feet Casing diameter: 1 1/4 inches Type of casing: GAU. PIPE

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

Screen slot size: 060 GRIT inches Setting depth: From 18 feet to 22 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): HOLE WILL CLOSE ON OWN

Top of lap pipe or reduction in casing: 1 1/4 inch feet. *If telescoped or more than one screen, describe on next page*

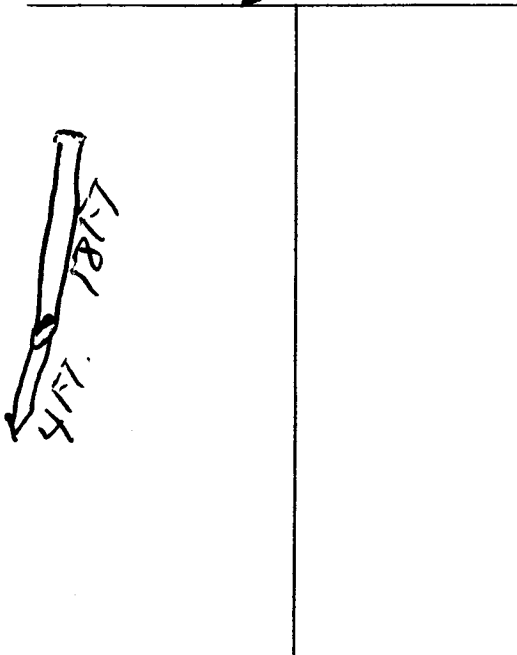
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 OCT 03 2007
 BY: OLWR

G-235

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	12
CLAY	12	14
SAND + GRITVEL	16	25

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) a north arrow.

PROPERTY LOCATED IN
EAST COLUMBUS MS OFF
HY 50

RECEIVED
OCT 03 2007
BY OLWR

Landowner Name: JOHN R. SMITH

Form: OLWR-SWR-1A

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

JOSEPH R. JOHNSON. 7-9-07

Joseph R Johnson

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

0719P

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: LOWADDES
 Permit #: BY OWNER
 Driller: JOE JOHNSON
 Date completed: 7-9-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-235
 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>JOHN R. SMITH</u>	Latitude: <u>33.30.903N</u> Longitude: <u>088.22.774W</u>
Mailing Address: <u>105 MASON ST</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 _____
<u>COLUMBUS MS. 39702</u>	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>662-328-8707</u>	<u>6</u> Miles <u>To</u> of <u>COLUMBUS</u> <u>LEWIS</u>
City State Zip Code	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP GOULD</u>
Date Pump Installed: <u>7-9-07</u>	Setting Depth: <u>9 INCHES</u> feet
Rated Pump Capacity: <u>6.0</u> Gallons Per Minute	Number of Stages: <u>ABOVE GROUND</u> <u>1 STAGE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-9-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>11</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>11</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 <u>6</u> GPM with a drawdown of _____ feet after <u>9 FT.</u> hours of pumping
Test Pumping Rate: <u>7-9-07</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.

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