

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 #: GW16861
 Driller: Donald Smith Co., Inc
 Date drilling completed: 5/16/12

For Office Use Only:

Aquifer: _____
 Well #: G238
 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>Columbus-Lowndes Recreation Authority</u> Mailing Address: _____ <u>2535 Main Street</u> <u>Columbus MS 39704</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 30' 03N</u> Longitude: <u>88° 26' 06W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS ✓ <u>NE 1/4 SW 1/4 Sec 17</u> Twn <u>18S</u> Rng <u>18W</u> <u>SE NE</u> Distance _____ Miles Direction _____ Nearest Town _____ _____ of _____ inside City Limits

Well / Borehole Data

Date drilling started: 2/27/12 Date drilling completed: 5/16/12 Hole depth: 623' Hole diameter: 9 3/4"

Location of the source of any surface water used for drilling: Public Water Supply
 Method of dosing and volume of Chlorine used in drilling and development: potable water used

Logs run (circle all applicable): No log run (Electric) Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MS office of Geology

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: 8'9" feet above or (below) (circle one) land surface Date measured: 4/30/12

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

Well depth: 545 Well grouted to a depth of 480 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 480 feet Casing diameter: 8 inches Type of casing: Carbon Steel

Screen length: 60 feet Screen diameter: 4" inches Type of screen: SS

Screen slot size: .030 inches Setting depth: From 485 feet to 545 feet

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

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

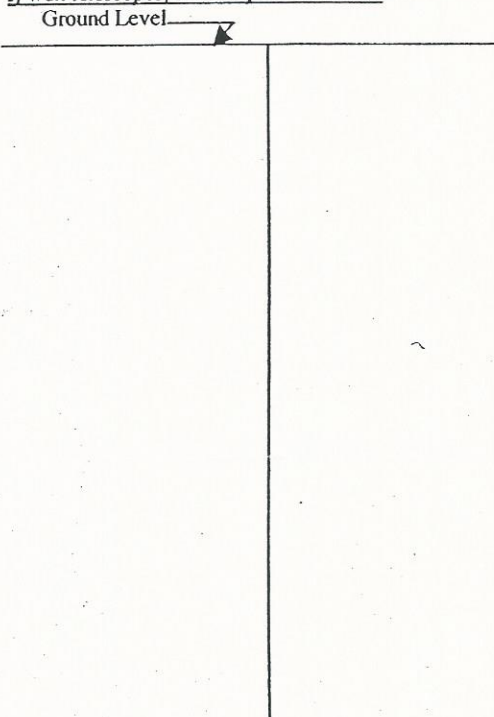
Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



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	
Brown Sandy Clay	0	3
Coarse Yellow Sand	3	10
Gravel	10	18
Blue Clay	18	25
Blue Clay, Clay Strks	25	40
Blue Clay, Blue Clay Strks	40	240
Blue Sand	240	280
Blue Clay, Blue Clay Strks	280	338
Pink Clay	338	380
Sandy Blue Clay	380	420
Sand, Gravel	420	450
Pink Clay	450	475
Sand, Gravel	475	550
Pink Clay	550	558
Sand, Gravel	558	585
Blue Clay	585	623

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.

Landowner Name: _____

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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.

Donald Smith Co. Inc 0-767 6/11/12

Donald E Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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 #: GW16861
 Driller: Donald Smith Co., Inc
 Date completed: _____
Copy information from block on Part I

For Office Use Only:

Aquifer: _____
 Well #: G 238
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>Columbus-Lowndes Recreation Authority</u>	Latitude: <u>33° 30' 03N"</u> Longitude: <u>88° 26' 06W"</u>
Mailing Address: <u>2535 Main St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus MS 39704</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 17 T 18S R 18W</u>
Telephone No. () _____	Distance Direction Nearest Town _____ Miles of <u>Inside city Limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>6/29/2012</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/29/2012</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>33</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>151</u> GPM with a drawdown of
Test Pumping Rate: <u>151</u> Gallons Per Minute	<u>23</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Donald Smith 0-767 Donald Smith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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