

WELL # (3)

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: 14 MAY 07

For Office Use Only:
Aquifer: _____
Well #: H 48
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)	Well or Borehole Location
Owner Name: <u>JOSEPH R. JOHNSON</u>	Latitude: <u>33 30 036</u> Longitude: <u>088 21 776 W</u>
Mailing Address: <u>406 N LEHMBERG RD</u>	Method of Lat/Long (circle one): <u>46</u> Conventional Survey
<u>COLUMBUS</u> MS <u>39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW 1/4 NW 1/4 Sec <u>18</u> Twn <u>18S</u> Rng <u>19E</u>
Telephone No. <u>(662) 328-2057</u>	Distance <u>5</u> Miles Direction <u>WEST</u> of Nearest Town <u>COLUMBUS</u>

Well / Borehole Data
Date drilling started: 14 MAY 07 Date drilling completed: 14 MAY 07 Hole depth: 25 FT 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: 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: _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A
Static Water Level: 13 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 25 FT Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 21 FT feet Casing diameter: 2 inches Type of casing: GAUANI ZF
Screen length: 4 FT feet Screen diameter: 2 1/4 inches Type of screen: STEEL
Screen slot size: .066 m inches Setting depth: From _____ feet to _____ 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: 1 1/4 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: LOWNDES
 Permit #: HOME OWNER
 Driller: JOE JOHNSON
 Date completed: 14 MAY 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-48
 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>JOSEPH R. JOHNSON</u>	Latitude: <u>33° 30.036' N</u> Longitude: <u>088° 21.776' W</u>
Mailing Address: <u>406 N LEHMBERG RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COLUMBUS MS 39102</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>18S</u> R <u>19E</u>
Telephone No. <u>662 328-2057</u>	Distance Direction Nearest Town
	<u>5</u> Miles <input checked="" type="checkbox"/> of <u>COLUMBUS MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>SHALLOW PUMP</u>	Horse Power Rating of Motor: <u>1/2 HP MOTOR</u>
Date Pump Installed: <u>14 MAY 07</u>	Setting Depth: <u>TOP PIPE</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>SHALLOW WELL</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>14 MAY 07</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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.

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

Form OLWR-SWR-1B

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