WELZ # (1)

County: LOWNDES
Permit #: LANDOWNER
Driller: JOE JOHNSON
Date drilling completed: 7 MAY 67

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: 6 -226
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. Well or Borehole Location Information on Well Owner (Landowner if borehole is not for a water well) Latitude: 33 . 30 , 34 " Longitude 88 . 22 , 43 " HUTCHISON Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS 0880221BW COLUMBUS City MS Telephone No. 662,327 Well / Borehole Data Date drilling completed 25.07 Hole depth: 23 FT. 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: Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey_Other (describe) SHALLOW WELL If drilling is not related to water well construction, skip the remainder of this block Fish Culture Purpose of Well (check one): Home Industrial Public Supply Irrigation If a flowing well, method of flow regulation: Valve _ Other (describe) Static Water Level: 12 FT. feet above of below (circle one) land surface Date measured: Method of Measurement (circle one) electric tape air line other: Well grouted to a depth of ___ Type of grout (circle one): Neat Cement Bentonite inches Casing length: Casing diameter: Screen length: Screen diameter: inches Type of screen: Screen slot size: Setting depth: From _____ feet to Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole (Natural Development Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing:

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BY: OLWE

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level.....

73 FT

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

Description of Formations Encountered		To (depth)
	Ground Level	
GFTTOP SOIL	6FT	
SFT YELLOW CLAY	BFT	
4FT BRAVEL	4FT	
SFI GRAVEL SAND	15 FT	
		1
]	1

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. BEHIND HOUSE BACKYARD WELL LOCATED BEHIND HOUSE BACKYARD WELL LOCATED BEHIND HOUSE BACKYARD	
WELL 3/	
CHERLIE HUTCHISON 3	
Landowner Name:	

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

JOSEPH R. JOHNSON

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

STATE WELL REPORT

Part 2

County: LOWNDES
Permit #:BY OWNER
Driller: JOE JOHNSON

Date completed: 7 MAY 07

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)

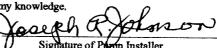
For Office Use Only:			
Aquifer:	•		
Well#:	6-226		
Elevation	E		

Copy information from block on Part 1 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 Location Well Owner Information Owner Name: CHARLIE HUTCHISON Longitude: Latitude: TUCKAHO DR Method of Lat/Long (check one): Conventional Survey_ , Hand-held GPS , Survey-grade GPS 36.5720 088°22.713 W Distance Telephone No. 662 327 - 8/31 Miles EAST of COLUMBUS **Power Type** Pump Type Circle one Circle one Natural Gas Gasoline Engine Air Lift Submersible Diesel Engine Tractor PTO Bucket Piston Turbine Electric Motor Hand Flowing Well Windmill Other (specify): Centrifugal Rotary Horse Power Rating of Motor: $\frac{1}{2}$ If P. Other (specify): Date Pump Installed: _ Setting Depth: Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 7 MAY 01 Date Well Tested: Air Line Electric Measuring Line Steel Tape Feet Below Land Surface Other (specify): Feet Below Land Surface Drawdown [(B) - (A)]: For flowing well, measured shut in head: _ Test Pumping Rate: Gallons Per Minute Well vielded ___GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after _____hours of pumping

I HEREBY CERTIFY	that the a	bove	stateme	nts are	true to	the best of my knowle	edge.
	-		_				

Print Name of Pump Installer and License No. (if applicable)

#0-719P



Form: OLWR-SWR-1B RECEIVED

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BY: OLWR