

WELL # 2

County: LOWNDES
Permit #: BYOWNER
Driller: JOE JOHNSON
Date drilling completed: 10 MAY 07

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-227
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>PAUL NANCE</u>	Latitude: <u>33° 03' 02"</u> Longitude: <u>88° 21' 52"</u>
Mailing Address: <u>2110 SHANNON AVE,</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLUMBUS MS. 39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec R12 Twn 18S Rng 18E</u>
Telephone No. <u>(662) 328-8695</u>	Distance Direction of Nearest Town
	<u>4 Miles E of Columbus</u>

Well / Borehole Data

Date drilling started: 10 MAY 07 Date drilling completed: 10 MAY 07 Hole depth: 21 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 10 MAY 07

Static Water Level: 12 FT feet above or below (circle one) land surface Date measured: 10 MAY 07

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

Well depth: 21 FT Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 18 feet Casing diameter: 2 INCHES inches Type of casing: GAUZE

Screen length: 4 feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: 060 inches Setting depth: From _____ feet to _____ feet

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

Other (describe): N/A

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

Form: OLWR-SWR-1A
RECEIVED
JUN 27 2007
BY: OLWR

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 #: HOMEOWNER
 Driller: JOE JOHNSON
 Date completed: 10 MAY 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-227
 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>PAUL NANCE</u>	Latitude: <u>33° 3.041' N</u> Longitude: <u>88° 21.872' W</u>
Mailing Address: <u>2116 SHANNON AVE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>COLUMBUS MS 39702</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>4</u> Miles NE <u>E</u> of <u>To COLUMBUS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: _____	Setting Depth: <u>N/A</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>N/A</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10 MAY 07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>13</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>LINK</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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

RECEIVED
 JUN 27 2007
 BY: OLWR