County: 10 WNDES
Permit #: BYOWNER
Driller: JOE JOHNSON
Date drilling completed: 10 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:	-			
Well #: COCO				
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) 30 04 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade, GPS Well / Borehole Data INCHES Date drilling completed: 0MAY 67 Hole depth: 21 Hole diameter: 2 Location of the source of any surface water used for drilling: Columbus C 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 Name of organization running log(s): Purpose of borehole (check one): Water Well X 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 Fish Culture Other: **Public Supply** Irrigation Purpose of Well (check one): Home Industrial If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: 12 Date measured: feet above or below (circle one) land surface Method of Measurement (circle one) air line other: Well grouted to a depth of Type of grout (circle one): Neat Cement Bentonite Casing length: 13 Casing diameter: Screen length: Type of screen: Screen diameter: Screen slot size: 060 Setting depth: From feet to Type of completion (circle all applicable): Gravel packed Underreamed Natural Development Telescoped Open hold Other (describe): feet. If telescoped or more than one screen, describe on next page Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

JUN 27 2007 BY: OIWR

The sketch	below	only re	auired	for	water	wells

If well	telescopes.	show	depths	on	sketch.

Ground Level

GROWND 1 9 incites	

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

oth) To (depth)
<u> </u>
07

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. WELL ON SOUTH SIDE OF HOME WELL ON SOUTH SIDE OF HOME 2110 SHANNON AUE 2110 SHANNON AUE WELL ON SOUTH OF LEHMBERG RD NORTH OF WY 182
and in locating the went, 3) any toads, power times, or other nems that may and in locating the property and the went,
TOF OF HOME
South 3 IDL CITY
WELL ON THE
HANDON 1101-
and of
JIII RO MOIAM
1 EHMBERG
ACE LIVE
ori n
1 1 1 1 82
1407
(to 1 1/0.1
Landowner Name: YAUL NANCE
Latitud Wild Litatio.
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	10 MAY	on Joseph R	To The same
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	MECEIVE

#0-719P 10 MAY 07

JUN 27 2007 BY: OLME

STATE WELL REPORT

County: LOWNDES Permit #: HomEownEn Driller JOE JOHNSO Date completed: 10 MAY 67

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)

For Office Use Only:				
Aquifer:				
Well#: 6- 227				
Elevation:				

Copy information from	block on Part 1	(601)	354-6938 (fax)	Elevation:	
This part of the repo report must be attack	rt must be complet hed and both parts	 ted by a licensed water we filed with the Departmen	ll contractor or a licensed pum t at the above address within 30	p installer. A copy of Part 1 of the	
	Vell Owner Inforn		, V	Vell Location	
Owner Name: PAUL NANCE		27704	N 8821,872W		
Owner Name:	1012	1000	Latitude: 33 3.041 N Longitude: 8821, 872 W		
Mailing Address: 2	116 SHA	NUM AVE	Method of Lat/Long (check	one): Conventional Survey,	
			USGS quad , Hand-he	eld GPS, Survey-grade GPS	
0.14	MRUS M	s 39 702 E Zip Code	-		
(0 200	1110-1-1.	77,70	1/41/4 Sec	TR	
City	y State	e Zip Code	Distance Distance	N T.	
				Nearest Town	
Telephone No. ()		4 Miles E	of To Columbus	
		······································			
	Pump Type		I	Power Type	
	Circle one			Circle one	
Air Lift	Jet	Submersible	Diesel Engine Gaso	line Engine Natural Gas	
Bucket	Piston	Turbine	Electric Motor Hand	i Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill Othe	er (specify):	
Other (specify):			Horse Power Rating of Mot	or: 1/2 1+P	
Date Pump Installed:			Setting Depth:	feetfeet	
Rated Pump Capacity:		Gallons Per Minute	Number of Stages:	A	
**************************************	3 3 4 5				
	Pump Test Dat			Ieasuring Water Level Circle one	
Date Well Tested:	OMAY	01		Circle one	
	~ /	et Below Land Surface	Air Line Electric Me	easuring Line Steel Tape	
Pumping Water Level	(B): <u>/3</u> Fee	et Below Land Surface	Other (specify):		
Drawdown [(B) - (A)]	: UNK Fe	et Below Land Surface	For flowing well, measured	shut in head:feet	
Test Pumping Rate:	12	Gallons Per Minute	Well yielded	GPM with a drawdown of	
Duration of Pump Test	(minimum 4 hours	s): b hours	feet after	hours of pumping	
I HEREBY CERTIFY	that the above state	ements are true to the best	of my knowledge	()	
	1 Dex	11150-1	0 1		
JOSEPH	/\·\\\\	丁ルンリア	Jusepen O	Johnson	
Print Name of Pump In	staller and License	No. (if applicable)	Signature of Pump	installer	
				Form PUREL	

JUN 27 2007 BY OLWA