

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: 13 JUNE 07

For Office Use Only:
Aquifer:
Well #: G-231
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)
Owner Name: JOHNNY LATITAIN
Mailing Address: 820 FALLWOOD DR. COLUMBUS MS 39102
City: Columbus State: MS Zip Code: 39102
Telephone No.: 662 328-9192
Well or Borehole Location
Latitude: 0 88 22 02 4 W Longitude: 33 30 31 5 N
Method of Lat/Long (circle one): Hand-held GPS
USGS quad: NE 1/4 NE 1/4 Sec. 13 Twn 18 S Rng 18 W
Distance: 4 Miles Direction: EAST of Nearest Town: COLUMBUS MS

Date drilling started: 13 JUNE 07 Date drilling completed: 13 JUNE 07 Well / Borehole Data
Hole depth: 25 FT Hole diameter: 2 INCHES
Location of the source of any surface water used for drilling: COLUMBUS WATER SYSTEM
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 X Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe): WATER PUMP
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: 12 feet above or below (circle one) land surface Date measured: 13 JUNE 07
Method of Measurement (circle one): steel tape electric tape air line other:
Well depth: 25 FT Well grouted to a depth of N/A feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 21 feet Casing diameter: 2 inches Type of casing: GALV PIPE 1 1/4 DIA
Screen length: 4 feet Screen diameter: 1 1/4 inches Type of screen: 60 GRIT
Screen slot size: 60 inches Setting depth: From N/A feet to N/A feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): AFTER WASH WELL IT CLOSES IT SELF
Top of lap pipe or reduction in casing: 9 INCHES feet If telescoped or more than one screen, describe on next page

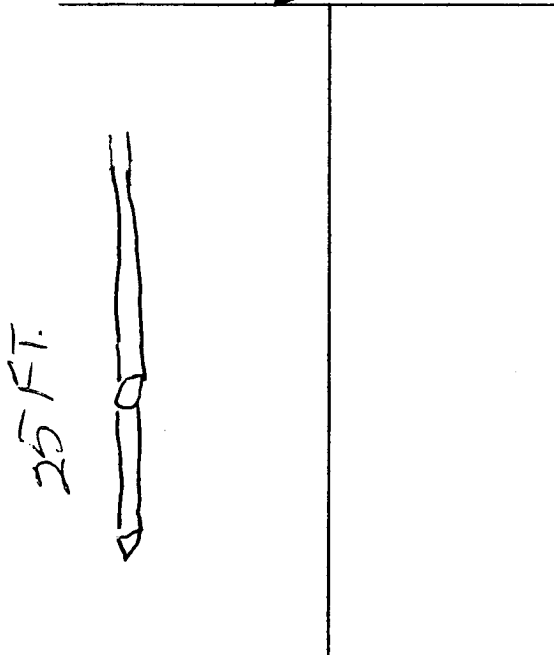
Form: OLWR-SWR-1A

RECEIVED
JUL 23 2007
BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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	
GROUND DIRT	9	
CLAY	10	
SAND + GRAVEL	6	

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 LOCATE IN EAST COLUMBUS MS
OFF LEHMBERG RD 4 MILES FROM
TOWN

Landowner Name: JOHNNY LATHAM

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.

JOSEPH R. JOHNSON 20 JULY 07

Joseph R. Johnson
RECEIVED

Print Name of Responsible Licensee and License No. #D-719P

Date

Signature of Licensee

JUL 23 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: _____
 Permit #: LOWNDES
 Driller: JOE SOLTANSON
 Date completed: 13 JUNE 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-231
 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>JOHNNY LATIHAM</u>	Latitude: <u>088.22624W</u> Longitude: <u>33.3035N</u>
Mailing Address: <u>820 FALLWOOD DR.</u> <u>COLUMBUS MS.</u> <u>39702</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. <u>(623)28-9192</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>13 JUNE 07</u>	Setting Depth: <u>N/A</u> feet
Rated Pump Capacity: <u>11 GAL PER MIN</u> Gallons Per Minute	Number of Stages: <u>SINGLE STAGE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>13 JUNE 07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>12</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 _____
Test Pumping Rate: <u>11 GAL PER MIN</u> Gallons Per Minute	<u>12</u> feet after <u>12</u> hours of pumping
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.

JOE SOLTANSON 0-719P Joseph R Johnson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
RECEIVED
 JUL 23 2007
 BY: OLWR