

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: 25 JUNE 07

For Office Use Only:
Aquifer: _____
Well #: G-233
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>JOHNNY LATHAM</u>	Latitude: <u>0.88 12024 W 33.30 315 N</u>
Mailing Address: <u>826 FALLWOOD DR</u> <u>COLUMBUS MS.</u> <u>39702</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>17</u>
City: _____ State: _____ Zip Code: _____	USGS quad: _____ Hand-held GPS, Survey-grade GPS
Telephone No. (<u>662</u>) <u>328-9192</u>	<u>NE 1/4 NE 1/4 Sec 13 Twn 18 Rng 18 N</u>
	Distance: <u>4</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>COLUMBUS MS</u>

13 JUNE 07 Well / Borehole Data Date drilling started: _____ Date drilling completed: 13 JUNE 07 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: HOLE CLOSED AFTER DRILL WORK OUT

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) N/A
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 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: CAU PIPE 1 1/4 INCHES
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): HOLE CLOSED AFTER DRILL WORK OUT

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

Form: OLWR-SWR-1A

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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level _____



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
GROUND DIRT	9	
CLAY SAND + GRMUL	16	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 LOCATED IN EAST COLUMBUS
OFF LEHMBERG RD
5 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 Joseph R. Johnson

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

0-719P

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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 #: HOMEOWNER
 Driller: JOE JOHNSON
 Date completed: 13 JUNE 07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-233
 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 LATHAM</u>	Latitude: <u>088 21024 W</u> Longitude: <u>33 3035 N</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 _____ <u>Hand-held GPS</u> _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 328-9192</u>	<u>4</u> Miles <u>EAST</u> of <u>COLUMBUS MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP.</u>
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: SINGAL <u>SINGAL 1 STAGE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>13 JUNE 07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
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 MIN</u> Gallons Per Minute	<u>12</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOSEPH R JOHNSON 0-719P 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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 BY OLWR