WELL#(3)

For Office Use Only:

| Driller:   | Jackson, MS 39289-0631                             |                                       | L. S. Elevation:               |  |
|--|--|---------------------------------------|--------------------------------|--|
| Date drilling completed: 14 MAY 67   | (601)961-5210                                      |                                       | 773.4                          |  |
|  | (601)354-6938 (fax)                                |                                       | E-log #:                       |  |
| State Law requires that this repor   | t be prepared by the lice                          | ense holder responsible for           | the work and filed with the    |  |
| Department at the above address  | within 30 days of comp                             | letion of drilling of the well        | or borehole.                   |  |
| Information on Well C  | )wner  |                                       |                                |  |
| (Landowner if borehole is not fo   | or a water well)                                   | Latitude: 33 300 036                  | L'' Longitude: 88 . 2 ) 7,76 W |  |
| Owner Name JOSEPH R. Jo  | ITNSON   |                                       |                                |  |
| Mailing Address: 406 N LEHI  | MBERG RIS  | Method of Lat/Long (circle of         | ne): Conventional Survey,      |  |
| Mailing Address: 700   |  | USGS quad, Hand-held                  | GPS, Survey-grade GPS          |  |
|  | - LANGE CO. C. |                                       |                                |  |
| Columbus MS  | 39702  | SW 4 NW 4 Sec /8                      | Twn Rng Rng                    |  |
| I City Stat  | te Zip Code  | Distance Direction                    | Nearest Town                   |  |
| Telephone No. 662 328 - 2  | 1051   | 5 Miles WEST                          | of Corona                      |  |
| receptione 140. (C   |  |                                       |                                |  |
| an   | Well / Bore  | hole Data                             |                                |  |
| Date drilling started: 14 MAY Date dri   | illing completed: 14MA                             | W Hole denth: 25 F                    | Hole diameter: 2 INCHES        |  |
|  |  |                                       |                                |  |
| Location of the source of any surface water  | r used for drilling:                               | LUMBUS CITY                           | WHIER                          |  |
| Method of dosing and volume of Chlorine  | e used in drilling and devel                       | opment:                               | N/1                            |  |
| Logs run (circle all applicable): No log run   | n 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  |  |                                       |                                |  |
|  | 5 Od (1 9  | `                                     |                                |  |
| Seismic Seismi | Survey Other (describe                             | )<br>n, skip the remainder of this bl | lock                           |  |
|  |  |                                       |                                |  |
| Purpose of Well (check one): Home Industrial Public Supply (Irrigation) Fish Culture Other:  |  |                                       |                                |  |
| If a flowing well, method of flow regulation: Valve Other (describe)   |  |                                       |                                |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |                                       |                                |  |
| Static Water Level: 12feet above or below (circle one) land surface Date measured:   |  |                                       |                                |  |
| Method of Measurement (circle one) (steel tape) electric tape air line other:  |  |                                       |                                |  |
| Well depth: 25 FT Well grouted to a depth offeet Type of grout (circle one): Neat Cernent Bentonite Mix  |  |                                       |                                |  |
| Casing length: 21FT feet Casing diameter: 2 inches Type of casing: CAUT-NIZE   |  |                                       |                                |  |
| Screen length: 4FT feet Screen diameter: 2/4 inches Type of screen: 5TEEL  |  |                                       |                                |  |
| Screen slot size: , b66 m inches Setting depth: Fromfeet tofeet  |  |                                       |                                |  |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development   |  |                                       |                                |  |
| Other (describe):  |  |                                       |                                |  |
| m  | 1/4  |                                       | J                              |  |
| Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page  |  |                                       |                                |  |

**State Well Report** 

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631

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Form: OLWR-SWR-1A

JUN 27 2007 BY: OLW R

| $T_{K}$ | e sketch | below | only requ | uired for | water | wells |
|---------|----------|-------|-----------|-----------|-------|-------|
|         |          |       |           |           |       |       |

If well telescopes, show depths on sketch. Ground Level

SHALLOW WELL

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 |            |
| 5 FT 10P SOIL                         | 5/1_         | 1557       |
| 10 FT BLACK DIRT                      | 1011         | 10 FT      |
| 5FT YELLOW CHAY 5FT SAND + CRAVEL     | 5 FT         | 5 FT       |
| 5 FT SAND + CRAVEL                    | 5 FT         | 511        |
|                                       |              |            |
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|                                       |              |            |
|                                       |              |            |

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.  HOGN LEITM BERGED.  HOME OWNER HOME  LEHM BERG RD.  LEHM BERG RD.  OFF HY 182 SIDE OF HOME  WELL ON NORTH  WELL ON NORTH |
|--|
| Landowner Name: JOSEPH R. JOHNSON  |
| Form: OLWR-SWR-1/  |

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

Print Name of Responsible Licensee and License No.

#O-719P

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BY: OLWR

## STATE WELL REPORT Part 2

## Permit #: Home owner Driller: Jo E Johnson Date completed: 14 MAY 0 9

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 #:              | H-48 |  |
| Elevation:           |      |  |

Copy information from block on Part 1

(601)354-6938 (tax)

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.

| report must be attached and both parts filed with the Department   | at the above daaress within 30 days of well completion. |
|--|---|
| Well Owner Information   | Well Location   |
| Owner Name: JOSEPH R. JUHUSON  | Latitude: 33 30.036 Longitude: 088 21.716W              |
| Mailing Address: 40 6N LEHMBERG RD   | Method of Lat/Long (check one): Conventional Survey,    |
| CoLum B 45 175 39702 City State Zip Code Telephone No. 662 328-2057  | USGS quad, Hand-held GPS                                |
| Pump Type Circle one   | Power Type Circle one                                   |
| Air Lift Submersible   | Diesel Engine Gasoline Engine Natural Gas               |
| Bucket Piston Turbine  | Electric Motor Hand Tractor PTO                         |
| Centrifugal Rotary Flowing Well  | Windmill Other (specify):                               |
| Other (specify): SHALLOW PUMP  | Horse Power Rating of Motor: 11 MOTOR                   |
| Date Pump Installed: 14 M NY 67  | Setting Depth: TOP PIPF feet                            |
| Rated Pump Capacity: /O Gallons Per Minute   | Number of Stages: SHALLOW WELL                          |
|  |   |
| Pump Test Data   | Method of Measuring Water Level                         |
| Date Well Tested: 14 MAY 07  | Circle one  |
| ′ .¬   | Air Line Electric Measuring Line (Steel Tape            |
| Static Water Level (A):Feet Below Land Surface   |   |
| Pumping Water Level (B): Feet Below Land Surface   | Other (specify):  |
| Drawdown [(B) - (A)]:Feet Below Land Surface   | For flowing well, measured shut in head:feet            |
| Test Pumping Rate: Gallons Per Minute  | Well yieldedGPM with a drawdown of                      |
| Duration of Pump Test (minimum 4 hours):hours  | feet afterhours of pumping                              |
|  |   |
| I HEREBY CERTIFY that the above statements are true to the best of SEPH R. JOHNSON  Print Name of Pump Installer and License No. (if applicable) | f my knowledge.  Signature of Pump Installer            |

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JUN 27 2007

BY: OLWA