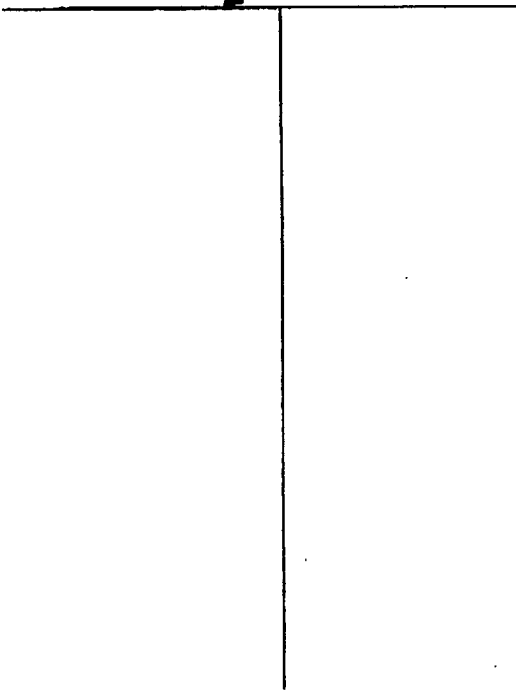


D-64

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

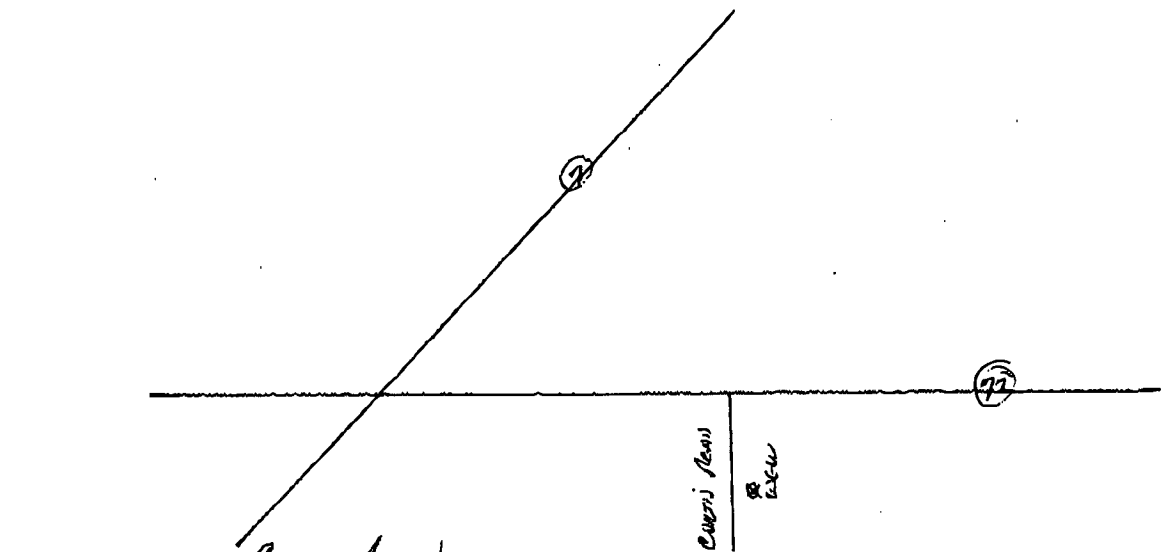


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
SEA CLAY / SAND	Ground Level	15
SEA SAND	15	30
SAND / CLAY	30	45
SAND	45	60
SAND	60	75
SAND	75	90
SAND	90	105
SAND	105	135

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.



Landowner Name: Carrie Mason

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.

Rodney D. Wilson 0-418 2-16-07
Print Name of Responsible Licensee and License No. Date

R. D. Wilson RECEIVED
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)

For Office Use Only:

Augiter:

Well #: D-64

Elevation: _____

County: DeWitt

Permit #: _____

Driller: Levin - Tom

Date completed: 6-29-07

Copy information from block on Part 1

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 on the above address within 30 days of well completion.

Well Owner Information

Owner Name: Carol Kason

Mailing Address: Carol Kason

357 Court's Room

Michigan City MS 38647
City State Zip Code

Telephone No. (662) 252-2528

Well Location

Latitude: _____

Method of Lat/Long (check one): Conventional Survey

USGS quad Hand-held GPS Survey-grade GPS

1/4 Sec 2 T 725 R 21W

Distance Direction Nearest Town

Miles of _____

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 6-29-07

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 100 feet

Number of Stages: 12

Pump Test Data

Date Well Tested: 6-29-07

Static Water Level (A): 70 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown (B) - (A): 30 Feet Below Land Surface

Test Pumping Rate: 14 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): AC Turbine Pipe

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____

_____ feet after _____ hours of pumping

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

Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

Bob D. Miller 0-418

RECEIVED

Form OLWR-SWR-1B

BY: OLWR