

County: Oesato  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date drilling completed: 1-23-07

### 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 #: C-32  
 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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Air and Heat Services</u>                                     | Latitude: <u>34° 58' 723"</u> Longitude: <u>89° 54' 685"</u>                         |
| Mailing Address: <u>4460 Mary Jane</u>                                       | Method of Lat/Long (circle one): Conventional Survey, <u>43</u>                      |
| <u>Olive Branch ms 38654</u>   | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                                   |
| City State Zip Code  | <u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>26</u> Twn <u>15</u> Rng <u>7W</u>                |
| Telephone No. <u>(662) 838-8088</u>  | Distance Direction Nearest Town<br><u>2 1/2</u> Miles <u>SE</u> of <u>plum point</u> |

**Well / Borehole Data**

Date drilling started: 1-18-07 Date drilling completed: 1-23-07 Hole depth: 230' Hole diameter: 5"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): NA

Purpose of borehole (check one): Water Well \_\_\_ 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*

Purpose of Well (check one): Home \_\_\_ Industrial \_\_\_ Public Supply \_\_\_ Irrigation \_\_\_ Fish Culture \_\_\_ Other: Ground Source Heat Pump

If a flowing well, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: NA feet above or below (circle one) land surface Date measured: NA

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: \ Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: \ feet Casing diameter: \ inches Type of casing: \

Screen length: \ feet Screen diameter: \ inches Type of screen: \

Screen slot size: \ inches Setting depth: From \ feet to \ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \

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

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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: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 1-23-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-32  
 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>Air Heat Services</u>   | Latitude: <u>34-58.723</u> Longitude: <u>89-54.685</u><br><span style="margin-left: 150px;"><u>43</u></span> <span style="margin-left: 150px;"><u>41</u></span> |
| Mailing Address: <u>4460 Mary Jane</u> | Method of Lat/Long (check one): Conventional Survey _____   |
| <u>Clive Branch MS 38654</u>           | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____   |
| City State Zip Code                    | <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>26</u> T <u>1S</u> R <u>7W</u>   |
| Telephone No. <u>(662)838-8088</u>     | Distance Direction Nearest Town<br><u>2 1/2</u> Miles <u>SE</u> of <u>plumpoint</u>   |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift                      Jet                      Submersible | Diesel Engine              Gasoline Engine              Natural Gas |
| Bucket                      Piston                      Turbine    | Electric Motor              Hand                      Tractor PTO   |
| Centrifugal              Rotary                      Flowing Well  | Windmill                      Other (specify): <u>NONE</u>          |
| Other (specify): <u>NONE / Geothermal loop</u>                     | Horse Power Rating of Motor: _____                                  |
| Date Pump Installed: _____   | Setting Depth: _____ feet   |
| Rated Pump Capacity: _____ Gallons Per Minute                      | Number of Stages: _____   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                         |
|---|---|
| Date Well Tested: _____                                   | Air Line              Electric Measuring Line              Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface     | Other (specify): _____  |
| Pumping Water Level (B): <u>3</u> Feet Below Land Surface | For flowing well, measured static head: _____ feet                    |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface    | Well yielded <u>NONE</u> GPM with a drawdown of _____                 |
| Test Pumping Rate: <u>2</u> Gallons Per Minute            | _____ feet after _____ 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.

Jones w. Mason 0-620  
 Print Name of Pump Installer and License No. (if applicable)

Jones w. Mason  
 Signature of Pump Installer

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**FEB 27 2007**

**BY: OLWF**