

State Well Report

Part 1

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 #: **D-89**
 L. S. Elevation: _____
 E-log #: _____

County: Desoto
 Permit #: _____
 Driller: James W. Mason
 Date drilling completed: 10-17-04

Mason Water Wells, LLC

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Henry Svester</u>	Latitude: <u>34.57.778</u> Longitude: <u>089.52.057</u>
Mailing Address: <u>6888 Goodman Rd.</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Olive Branch</u> MS <u>38654</u>	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>30</u> Twn <u>15</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 895-9033</u>	<u>0.12</u> Miles <u>W.</u> of <u>302 and 305 intersection</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-17-04 Date well drilling completed: 10-17-04

If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 144 feet above or below (circle one) land surface Date measured: 11-13-04

Method of Measurement (circle one) steel tape electric tape air line other: string weight

Hole depth: 225' Well depth: 225' Well grouted to a depth of 50' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 205 feet Casing diameter: 4" inches Type of casing: pvc

Screen length: 20' feet Screen diameter: 4" inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 205 feet to 225 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: NA feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James W. Mason 0620
 Print Name of Water Well Contractor and License No.

James W. Mason
 Signature of Water Well Contractor

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D-089

If well telescopes please sketch below and show depths.

Ground Level

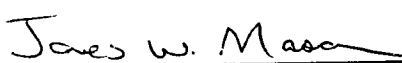
Blank area for sketching well telescopes and depths below ground level.

Description of Formations Encountered	From	To
clay dirt	0	4
gravel	4	15
red clay	15	20
gravel	20	65
white clay	65	70
gravel	70	80
white clay	80	105
white sand	105	230

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) indicate direction.

Landowner Name: Harry Syvester



 Signature of Water Well Contractor

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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: 11-13-04

For Office Use Only:

Aquifer: _____
 Well #: D-89
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Henry Syvester</u>	Latitude: <u>34.57.778</u> Longitude: <u>089.52.057</u>
Mailing Address: <u>6888 Goodman Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>oube Brook MS 38654</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 30 Twn 15 Rng 6W</u>
Telephone No. <u>(662) 895-9033</u>	Distance Direction Nearest Town <u>2 1/2 Miles W of 300 and 305 intersection</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>11-13-04</u>	Setting Depth: <u>200'</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-13-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>144</u> Feet Below Land Surface	Other (specify): <u>string and weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of <u>NA</u> feet after <u>NA</u> hours of pumping
Test Pumping Rate: <u>NA</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	

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

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

Jones W. Mason
 Signature of Pump Installer

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