

County: Desoto
 Permit #: _____
 Driller: Jones W. Moser
 Date drilling completed: 5-6-05

Well Driller Report and Well 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 #: D-93
 L. S. Elevation: _____
 E-log #: _____

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>Louis Damiano</u> <u>Lewis Damiano</u>	Latitude: <u>34° 59' 55.0"</u> Longitude: <u>89° 44' 61.5"</u>
Mailing Address: <u>LOT 4</u> <u>Saddlebrook</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey, <u>40</u>
<u>olive branch ms 38654</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 870-5329</u>	<u>SE 1/4 SE 1/4 Sec 17 Twn 15 Rng 5w</u>
	Distance <u>2.4</u> Miles Direction <u>N</u> of Nearest Town <u>hobby corner</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 5-6-05 Date well drilling completed: 5-6-05
 If flowing, method of flow regulation: Valve NA Other (describe) _____
 Static Water Level: 50 feet above or below (circle one) land surface Date measured: 5-10-05
 Method of Measurement (circle one) steel tape electric tape air line other: string/weight
 Hole depth: 185' Well depth: 185' Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 175 feet Casing diameter: 4 inches Type of casing: pvc
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc
 Screen slot size: .010 inches Setting depth: From 175 feet to 185 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.

Jones W. Moser 0-620
 Print Name of Water Well Contractor and License No.

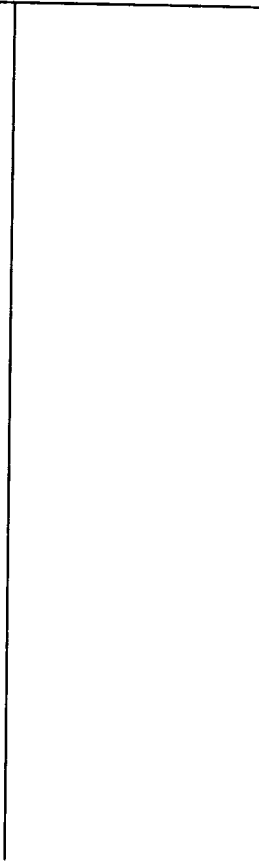
Jones W. Moser
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

BY: OLWH

~~0-69~~ 93

Ground Level

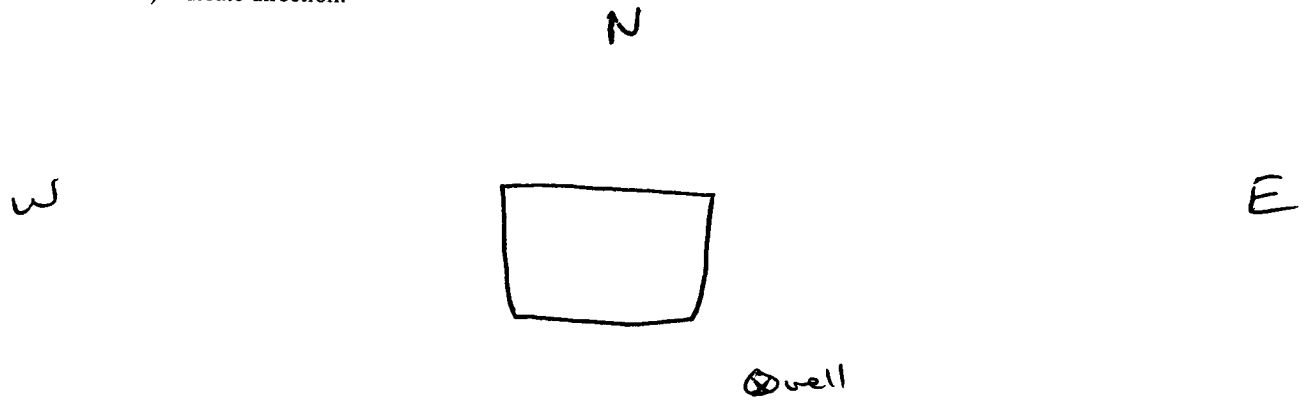


Description of Formations Encountered

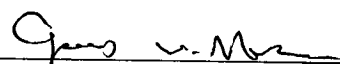
	From	To
Clay dirt.	0	25
White clay	26	59
Rock	59	60
white sand	60	100
white clay	100	125
white sand	125	185

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: Lewis DOMIANO S


 Signature of Water Well Contractor

BY OLWA

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: 5-10-05

For Office Use Only:

Aquifer: _____
Well #: D-~~10~~93
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Lewis Damiano</u>	Latitude: <u>34.59.550</u> Longitude: <u>89.44.615</u>
Mailing Address: <u>LOT 4</u> <u>saddle brook</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Osike Branch MS 38654</u>	<u>SE 1/4 SE 1/4 Sec 17 Twn 1s Rng 5w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>901</u>) <u>870-5329</u>	<u>2.4</u> Miles <u>N</u> of <u>honey corner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>1 1/2</u>
Date Pump Installed: <u>5-10-05</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-10-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>String 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>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</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

BY: OLWR