

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 5-14-05

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-~~95~~ 95
 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>New Halliburton Church</u> | Latitude: <u>34° 58' 59.1"</u> Longitude: <u>089° 44' 01.0"</u> |
| Mailing Address: <u>14424 desoto rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> |
| <u>Osive Branch MS 38654</u> | USGS quad: <u>NE 1/4 NW 1/4 Sec 28 Twn 15 Rng 5w</u> |
| City State Zip Code | |
| Telephone No. (<u>901</u>) <u>820-</u> | Distance <u>7/8</u> Miles Direction <u>NE</u> Nearest Town <u>of Hardy Corner</u> |

Well Data

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

Date well drilling started: 5-14-05 Date well drilling completed: 5-14-05

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

Static Water Level: 106 feet above or below (circle one) land surface Date measured: 5-17-05

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

Hole depth: 170' Well depth: 170' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 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 150 feet to 170 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. Mason 0-620
 Print Name of Water Well Contractor and License No.

Jones W. Mason
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

BR/OLVA

D- 95

Ground Level

Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| clay dirt. | 0 | 25 |
| red sand | 25 | 40 |
| white clay | 40 | 100 |
| white sand | 100 | 140 |
| white clay | 140 | 145 |
| white sand | 145 | 170 |
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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) indicate direction.

Landowner Name: NEW Halliburton Church.

Jerry W. Moore
Signature of Water Well Contractor

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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: 5-17-05

For Office Use Only:

Aquifer: _____
Well #: D-95
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>New Holliberton Church</u> | Latitude: <u>34.58.591</u> Longitude: <u>089.04.010</u> |
| Mailing Address: <u>14424 desoto rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| <u>olive branch ms 38654</u> City State Zip Code | <u>NE 1/4 NW 1/4 Sec 28 Twn 1S Rng 5W</u> |
| Telephone No. (901) <u>921-9031</u> | Distance Direction Nearest Town <u>7/8</u> Miles <u>NE</u> of <u>handy corner.</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>2 HP.</u> |
| Date Pump Installed: <u>5-17-05</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>25</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>5-17-05</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>106</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>25</u> GPM with a drawdown of |
| Test Pumping Rate: <u>25</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)

[Signature]
Signature of Pump Installer

BROWN