

County: Desoto 115
 Permit #: _____
 Driller: James W. Mason
 Date drilling completed: 2-11-05

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 #: K-199
 L. S. Elevation: _____
 E-log #: _____

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>Venture Development</u> | Latitude: <u>34° 49' 28"</u> Longitude: <u>090° 02' 48"</u> |
| Mailing Address: <u>LOT 12</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey |
| <u>Oak grove MONROE</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>heraldo MS 38632</u> | <u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>16</u> Twn <u>35</u> Rng <u>8W</u> |
| City State Zip Code | Direction <u>W</u> Distance <u>3</u> Miles of <u>heraldo</u> |
| Telephone No. <u>(662) 429-8092</u> | |

Well Data

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

Date well drilling started: 2-11-05 Date well drilling completed: 2-11-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 2-11-05

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

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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 100 feet to 110 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 O-620 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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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:

Aquifer: _____

Well #: K-199

Elevation: _____

County: Desoto

Permit #: _____

Driller: Jones w. Mason

Date completed: 2-11-05

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>Vesture Development</u> | Latitude: <u>34.49.288</u> Longitude: <u>090.02.480</u> |
| Mailing Address: <u>LOT 12</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>oak grove moor.</u> | USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS |
| <u>hernado ms 38632</u> | <u>NE</u> ¼ <u>SW</u> ¼ Sec <u>16</u> Twn <u>3S</u> Rng <u>8W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 429-8092</u> | <u>3</u> Miles <u>W</u> of <u>hernado</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 <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>2-11-05</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>2-11-05</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>60</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>12</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12</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

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MAR 14 2005
BY: OLWR