

County: Desoto
 Permit #: _____
 Driller: Jones w Mason
 Date drilling completed: 5-29-05

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-210
 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>Venture Developers</u>	Latitude: <u>34° 49' 34"</u> Longitude: <u>090° 02' 46"</u>
Mailing Address: <u>LOT 13</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Oak Grove Manor</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
<u>hennado MS 38632</u>	NW 1/4 SW 1/4 Sec <u>16</u> Twn <u>35</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 870-6342</u>	<u>3.4</u> Miles <u>SE</u> of <u>freese corner</u>

Well Data

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

Date well drilling started: 5-29-05 Date well drilling completed: 5-29-05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-29-05

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

Hole depth: 95' Well depth: 95' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 85 feet to 95 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

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If well telescopes please sketch below and show depths.

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K-210

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
clay dirt.	0	12
gravel	12	42
blue clay	42	70
white sand	70	75
white clay	75	78
white sand	78	95

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: Venture Developers

The sketch shows a rectangular property with a vertical line on the left and a horizontal line at the bottom. A house is drawn as a square in the center-left. A drive, represented by a vertical line, extends from the house to a horizontal line at the bottom. A well is marked with a circle and 'x' and labeled 'well' on the right side. Directional markers are present: a 'C' at the top, a '5' on the left, and an 'M' at the bottom right.

Jason Massey
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)

For Office Use Only:

Aquifer: _____
Well #: K-210
Elevation: _____

County: Desoto
Permit #: _____
Driller: Jones w. Moser
Date completed: 5-29-05

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>Venture Developers</u>	Latitude: <u>34-49.349</u> Longitude: <u>090.02.465</u>
Mailing Address: <u>LOT 13</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Oak Grove Manor</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>hernando MS 38632</u>	NW 1/4 SW 1/4 Sec <u>16</u> Twn <u>35</u> Rng <u>8w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 870-6342</u>	<u>3/4</u> Miles <u>SE</u> of <u>free corner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> 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>5-29-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-29-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</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. Moser
Print Name of Pump Installer and License No. (if applicable)

Jones w. Moser
Signature of Pump Installer

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JUN 29 2005

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