

County: Desoto
 Permit #: _____
 Driller: Jones w Masor
 Date drilling completed: 6-4-05

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-212
 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>H-M construction</u>	Latitude: <u>34° 50' 01.8"</u> Longitude: <u>090° 02' 57.946"</u>
Mailing Address: <u>LOT 23</u>	Method of Lat/Long (circle one): Conventional Survey, <u>01</u>
<u>Eventide Cove</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Hernado MS 38632</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>9</u> Twn <u>35</u> Rng <u>8W</u>
City State Zip Code	Direction: <u>E</u> Nearest Town: <u>Free corners</u>
Telephone No. <u>(901) 238-7838</u>	Distance: <u>1.14</u> Miles of _____

Well Data

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

Date well drilling started: 6-4-05 Date well drilling completed: 6-4-05

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 6-19-05

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

Hole depth: 95 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 90 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. Masor 0-620
 Print Name of Water Well Contractor and License No.

Jones w. Masor
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED
JUN 29 2005
BY: OLWR

K-212

Ground Level	

Description of Formations Encountered	From	To
Clay dirt	0	25
gravel	25	75
white sand	75	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.

The sketch shows a rectangular property boundary. At the top center is a square labeled 'House'. Below the house, a vertical line extends downwards to a horizontal line representing a road. To the right of this road is a small circle labeled 'well'. The cardinal directions are indicated by letters: 'N' at the top, 'S' at the bottom, 'E' on the right, and 'W' on the left.

Landowner Name: H-M Construction

Gary W. Mason
 Signature of Water Well Contractor

RECEIVED
JUN 29 2005
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-212
Elevation: _____

County: Desoto
Permit #: _____
Driller: Jones w. Mason
Date completed: 6-19-05

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>H-M Construction</u>	Latitude: <u>34-50-018</u> Longitude: <u>090-02-946</u>
Mailing Address: <u>LOT 23</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Eventide Cove</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>9</u> Twn <u>3S</u> Rng <u>8W</u>
<u>hernando ms 38632</u>	Distance Direction Nearest Town
City State Zip Code	<u>1.14</u> Miles <u>E</u> of <u>Free's Corners</u>
Telephone No. (<u>901</u>) <u>238-7838</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>3/4</u>
Date Pump Installed: <u>6-19-05</u>	Setting Depth: <u>50</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>6-19-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>27</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

RECEIVED

JUN 29 2005

BY: OLWR