

State Well Report

Part 1

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 #: M-138
L. S. Elevation: _____
E-log #: _____

County: Desoto 033
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 8-7-04

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>Whit Long</u>	Latitude: <u>34.47.498</u> Longitude: <u>089.47.699</u>
Mailing Address: <u>10999 Fox Glenn</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LOT 15</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>hernado</u> MS <u>38632</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>36</u> Twn <u>35</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 837-5269</u>	<u>1.14</u> Miles <u>SE</u> of <u>Cockrum</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-7-04 Date well drilling completed: 8-7-04
If flowing, method of flow regulation: Valve _____ Other (describe) NONE
Static Water Level: 50' feet above or below (circle one) land surface Date measured: 8-7-04
Method of Measurement (circle one) steel tape electric tape air line other: String and weight
Hole depth: 125' Well depth: 125' Well grouted to a depth of 10'
Type of grout (circle one): Cement Bentonite Mix
Casing length: 115' 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 115 feet to 125 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: NONE 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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M-138

If well telescopes please sketch below and show depths.

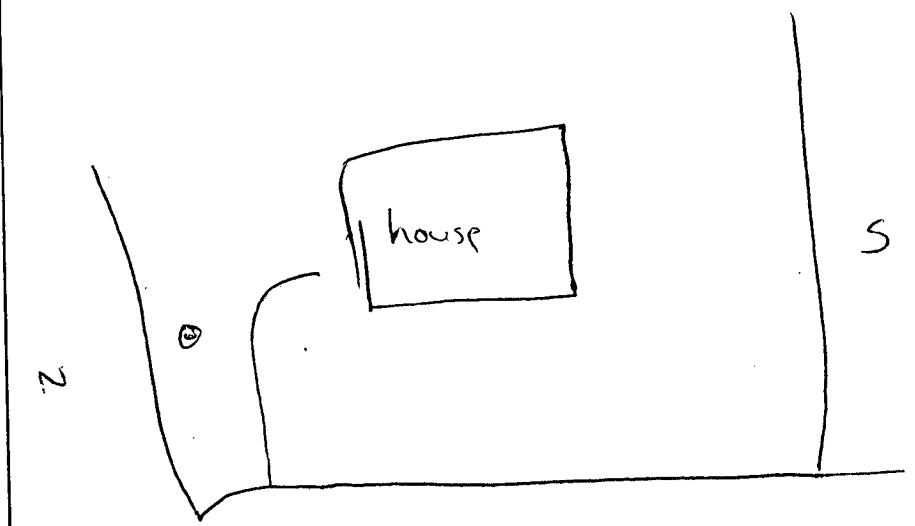
Ground Level

M

Description of Formations Encountered	From	To
clay dirt	0	15
gravel	15	22
clay dirt	22	40
white coarse sand	40	85
fine white sand	85	125

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: Whit Long

Gow w. Mason
 Signature of Water Well Contractor

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 #: M 138

Elevation: _____

County: Osoto
 Permit #: _____
 Driller: Jones W. Masow
 Date completed: 8-7-04

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>Whit Long</u>	Latitude: <u>34.47.498</u> Longitude: <u>089.47.699</u>
Mailing Address: <u>10999 fax glenn</u> <u>hot 15</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>heraldo ms 38632</u>	<u>SE 1/4 NW 1/4 Sec 36 Twn 3s Rng 6w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 837-5269</u>	<u>1.14</u> Miles <u>SE</u> of <u>Cockrum</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>314</u>
Date Pump Installed: <u>8-7-04</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Pump Number of Stages: <u>11</u>

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 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-7-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50'</u> Feet Below Land Surface	Other (specify): <u>string and 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. Masow
 Print Name of Pump Installer and License No. (if applicable)

Jones W. Masow
 Signature of Pump Installer