

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-139
L. S. Elevation: _____
E-log #: _____

County: DeSoto 053
Permit #: _____
Driller: James W. Mason
Date drilling completed: 8-23-04

Master 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>Cross</u> | Latitude: <u>34.46.633</u> , Longitude: <u>89.58.254</u> |
| Mailing Address: <u>8534 Shellbark Trail</u> | Method of Lat/Long (circle one): <u>37</u> Conventional Survey, <u>15</u> |
| <u>Wernado</u> <u>MS</u> <u>38632</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SE 1/4 Sec 33</u> Twn <u>35</u> Rng <u>6W</u> |
| Telephone No. <u>(901) 336-6250</u> | Distance Direction Nearest Town <u>1.12</u> Miles <u>SW</u> of <u>Cockrum</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-23-04 Date well drilling completed: 8-23-04
If flowing, method of flow regulation: Valve NA Other (describe) _____
Static Water Level: 88 feet above or below (circle one) land surface Date measured: 8-23-04
Method of Measurement (circle one) steel tape electric tape air line other: String and 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: 160 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 160 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): _____

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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 0-620 James W. Mason
Print Name of Water Well Contractor and License No. 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-139

Elevation: _____

County: DeSoto
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 8-23-04

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>Gross</u> | Latitude: <u>34-46.623</u> Longitude: <u>089-50-254</u> |
| Mailing Address: <u>8534 shellHawie trail</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>hernando</u> ms. <u>38632</u> | <u>NW 1/4 SE 1/4</u> Sec <u>33</u> Twn <u>3s</u> Rng <u>6w</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901)336-6250</u> | <u>1.12</u> Miles <u>Sw</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>8-23-04</u> | Setting Depth: <u>140</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>8-23-04</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>88</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. Mason
 Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
 Signature of Pump Installer