

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 4-4-05

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 #: M-153
 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>Woody Woods</u> | Latitude: <u>34° 47' 11.3"</u> Longitude: <u>89° 48' 28.8"</u> |
| Mailing Address: <u>LOT 5</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>South Desoto farms</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>Coldwater MS</u> | SE 1/4 NW 1/4 Sec <u>35</u> Twn <u>35</u> Rng <u>6w</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901) 487 5726</u> | <u>1.4</u> Miles <u>S</u> of <u>Cockrum</u> |

Well Data

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

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

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 4-4-05

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

Hole depth: 155' Well depth: 155' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145' feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 0.13 inches Setting depth: From 145 feet to 155 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

If well telescopes please sketch below and show depths.

[Handwritten notes and stamps]

