

County: Oesoto
 Permit #: _____
 Driller: Jones w. Masar
 Date drilling completed: 5-5-05

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-156
 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>Raymond Anthony</u>	Latitude: <u>34° 50' 99"</u> Longitude: <u>89° 44' 094"</u>
Mailing Address: <u>767- Myers rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Belzalia</u> MS <u>38641</u>	USGS quad, <u>SE 1/4 SW 1/4</u> Sec <u>4</u> Twn <u>3S</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (Rel) <u>212-3612</u>	<u>1.4</u> Miles <u>SE</u> of <u>Stonewall</u>

Well Data

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

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

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 5-26-05

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: .010 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. Masar 0-620
 Print Name of Water Well Contractor and License No.

Jones w. Masar
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

BY: OLWA

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-156
Elevation: _____

County: DeSoto

Permit #: _____

Driller: James W. Mason

Date completed: 5-26-05

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

Owner Name: Raymond Anthony

Mailing Address: 767 Myers Rd.

Byholia MS 38611
City State Zip Code

Telephone No. (901) 212-3612

Well Location

Latitude: 34.50.997 Longitude: 089.44.094

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 SW 1/4 Sec 4 Twn 35 Rng 5W

Distance Direction Nearest Town

1.4 Miles SE of Stonewall

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 5-26-05

Rated Pump Capacity: 18 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1 1/2

Setting Depth: 90' feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 5-26-05

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): NA Feet Below Land Surface

Drawdown [(B) - (A)]: NA Feet Below Land Surface

Test Pumping Rate: 18 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): string (weight)

For flowing well, measured shut in head: NA feet

Well yielded 18 GPM with a drawdown of

NA feet after 24 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

James W. Mason
Print Name of Pump Installer and License No. (if applicable)

James W. Mason
Signature of Pump Installer

BY: OLWA