

County: Desoto
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 3-14-06

State Well Report
Part 1 - Driller's 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-182
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Millard Gedd</u>	Latitude: <u>34°48'20.4"</u> Longitude: <u>89°48'6.85"</u>
Mailing Address: <u>10095 N. Cockrum farm rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>LOT 3</u>	USGS quad, <u>42</u> Survey-grade GPS
<u>Hernando MS 38632</u>	NW 1/4 NW 1/4 Sec <u>23</u> Twn <u>35</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 485-4351</u>	<u>718</u> Miles <u>N</u> of <u>Cockrum</u>

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Well / Borehole Data

Date drilling started: 3-14-05 Date drilling completed: 3-14-05 Hole depth: 90 Hole diameter: 8"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): NA

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3-14-06

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 013 inches Setting depth: From 80 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

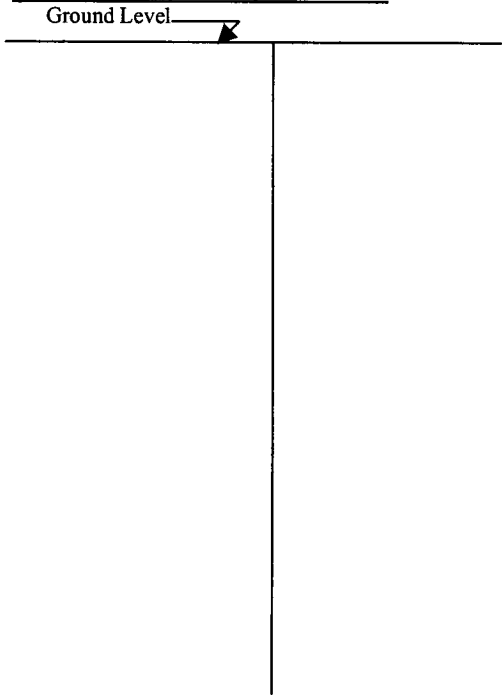
Other (describe): _____

Top of lap pipe or reduction in casing: NA feet. **If telescoped or more than one screen, describe on next page**

m-182

The sketch below only required for water wells

If well telescopes, show depths on sketch.

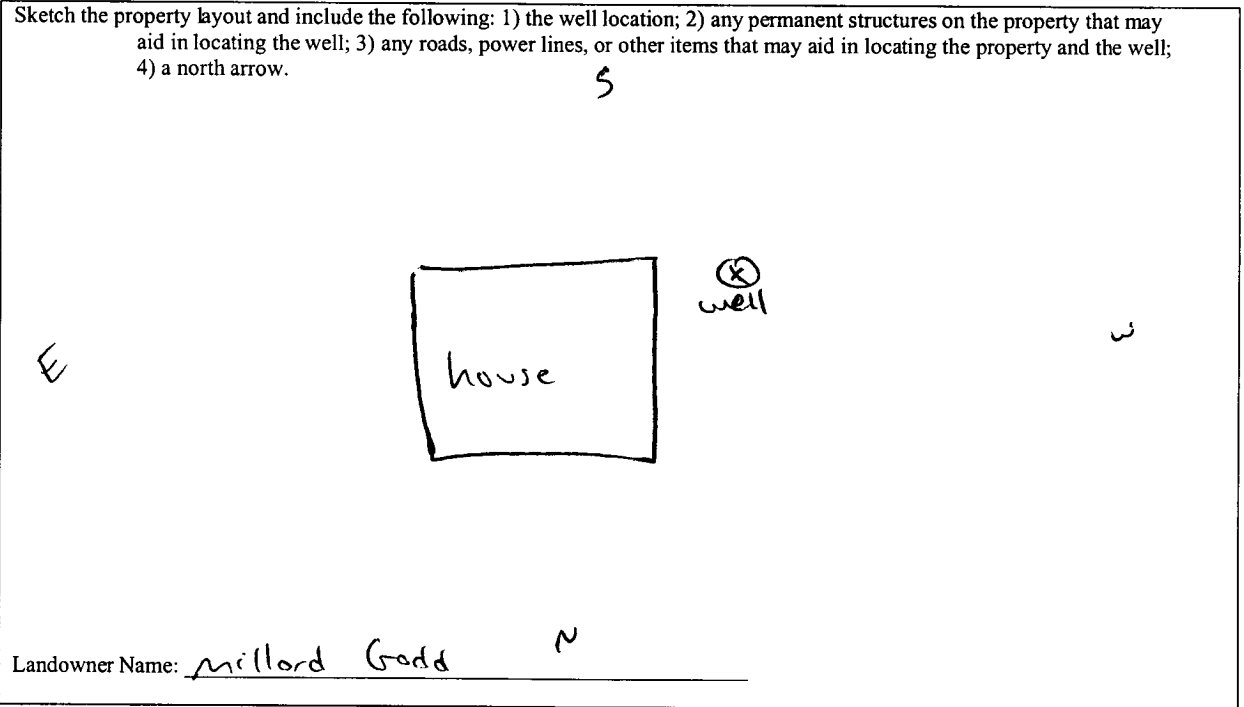


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay dirt	Ground Level	20
gravel	20	35
white clay	35	60
gravel	60	90

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If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Gene W. Mason 0-620 4-7-06 Gene W. Mason
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

County: DeSoto
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 3-14-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M182
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information

Owner Name: Millard Good
 Mailing Address: 10095 N. Cockrum farm rd
LOT 3
Hernando MS 38632
 City State Zip Code
 Telephone No. (901) 495-4351

Well Location

Latitude: 34.48.704 Longitude: 89.48.685
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
NW 1/4 NW 1/4 Sec 23 T 35 R 6W
 Distance Direction Nearest Town
7/8 Miles N of Cockrum

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Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 3-14-06
 Rated Pump Capacity: 12 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: 3/4
 Setting Depth: 80 feet
 Number of Stages: 11

Pump Test Data

Date Well Tested: 3-14-06
 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: 12 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 12 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.

Jones W. Mason 0-620 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer