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Coastal Drilling

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State Well Report

Part I

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 #: A-70
 L. S. Elevation: _____
 B-log #: _____

County: Jackson 059
 Permit #: ~~02009~~
 Driller: K. Mason
 Date drilling completed: 2.6.05

Mason 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>Allen McAvoy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Oneal Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Vanleuan</u>	<u>14</u> <u>14</u> Sec <u>34</u> Twn <u>4S</u> Rng <u>8W</u>
City: _____ State: <u>MS</u> Zip Code: <u>39504</u>	Distance: <u>15</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Vanleuan</u>
Telephone No. () <u>875-1740</u>	

Well Data

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

Date well drilling started: 2.6.05 Date well drilling completed: 2.6.05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 2.6.05

Method of Measurement (circle one) steel tape electric tape air line other: Piunlob

Hole depth: 320 Well depth: 310 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 feet Casing diameter: 4x2 inches Type of casing: PC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PC

Screen slot size: .004 inches Setting depth: From 310 feet to 320 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: _____ 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.

Dwight Mason 02009

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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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: Jackson
 Permit #: _____
 Driller: B. Mason
 Date completed: 2-6-05

For Office Use Only:
 Aquifer: _____
 Well #: A-70
 Elevation: _____

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>Allen McAvoy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Oneal Rd</u> <u>Vanalieu</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>39504</u>	1/4 _____ 1/4 Sec <u>34</u> Twn <u>45</u> Rng <u>8W</u>
Telephone No. <u>875-1740</u>	Distance _____ Direction _____ Nearest Town _____
	<u>15</u> Miles <u>NW</u> of <u>Vanalieu</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-7-05</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-7-05</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>Plumb</u>
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>13</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

B. Mason 0309
 Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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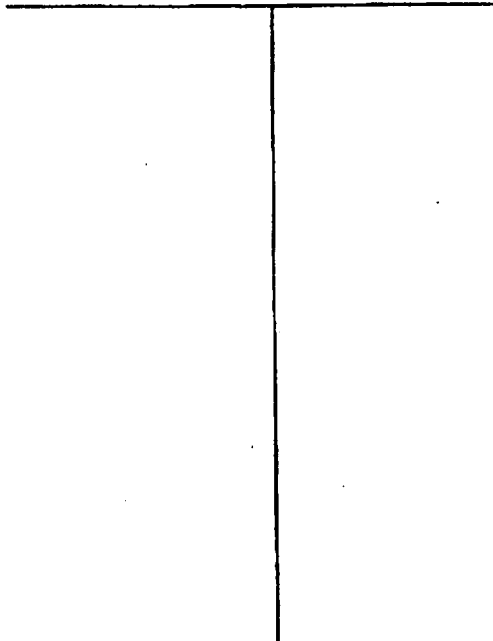
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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Topsoil	0	9
Chumlo clay	9	36
Red clay	36	120
mid clay	120	210
hard clay	210	300
fine sand	300	360
coarse sand	300	320

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: Allen Mc Alex

Signature of Water Well Contractor