

County: Marshall 073  
 Permit #: \_\_\_\_\_  
 Driller: Jones W. Mason  
 Date drilling completed: 2-25-05

**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 #: D-85  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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>George Lee</u>	Latitude: <u>34° 54' 32"</u> Longitude: <u>89° 43' 32"</u>
Mailing Address: <u>LOT 9</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Woodview</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Byhalia</u> MS <u>38611</u>	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>15</u> Twn <u>25</u> Rng <u>5W</u>
City State Zip Code	Direction: <u>N.</u> Nearest Town: <u>Oval Hill 78</u>
Telephone No. <u>(901) 387-7018</u>	Distance: <u>1.2</u> Miles of _____

**Well Data**

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

Date well drilling started: 2-25-05 Date well drilling completed: 2-25-05

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 3-2-05

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

Hole depth: 115' Well depth: 115' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PUC

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

Screen slot size: .010 inches Setting depth: From 105 feet to 115 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, Department of Health regulations and state laws.

Jones W. Mason O-620

Jones W. Mason

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 MAR 28 2005  
 BY: OLWR



# 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 #: D-85

Elevation: \_\_\_\_\_

County: Marshall

Permit #: \_\_\_\_\_

Driller: Jones W. Masca

Date completed: 3-2-05

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>George Lee</u>	Latitude: <u>34.54-321</u> Longitude: <u>089.43.321</u>
Mailing Address: <u>LOT 9</u> <u>woodview</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Byrdie ms 38611</u> City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>15</u> Twn <u>25</u> Rng <u>5w</u>
Telephone No. ( <u>99</u> ) <u>387-7018</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>N</u> of <u>old Hwy 78</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-2-05</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-2-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>String 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. Masca  
Print Name of Pump Installer and License No. (if applicable)

Jones W. Masca  
Signature of Pump Installer

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MAR 28 2005

BY: OLWR