

County: Marshall
 Permit #: _____
 Driller: James W Mason
 Date drilling completed: 4-5-06

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 #: D-102
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>George Lee</u>	Latitude: <u>34° 54' 50.7"</u> Longitude: <u>89° 42' 94.7"</u>
Mailing Address: <u>LOT 13</u>	Method of Lat/Long (circle one): Conventional Survey, <u>30</u>
<u>Sandy ridge</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Byhalia</u> <u>MS</u> <u>38611</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>15</u> Twn <u>25</u> Rng <u>5W</u>
City State Zip Code	Distance <u>3.14</u> Miles Direction <u>SW</u> of Nearest Town <u>Barton</u>
Telephone No. <u>(901) 387-7018</u>	

Well / Borehole Data

Date drilling started: 4-5-06 Date drilling completed: 4-5-06 Hole depth: 140' Hole diameter: 6 3/4

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: 70 feet above or below (circle one) land surface Date measured: 4-9-06

Method of Measurement (circle one) steel tape electric tape air line other: String & weight

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 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 130 feet to 140 feet

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

Other (describe): NA

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

Form: OLWR-SWR-1A

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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: Marshall

Permit #: _____

Driller: Jones W. Mason

Date completed: 4-5-06

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: D-102

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: George Lee

Mailing Address: LOT 13

Sandy ridge

Byholia MS 38611
City State Zip Code

Telephone No. (901)387-7018

Well Location

Latitude: 34.54.507 Longitude: 89.42.947

Method of Lat/Long (check one): Conventional Survey 30 57

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

NE 1/4 SW 1/4 Sec 15 T 2s R 5w

Distance Direction Nearest Town

3 3/4 Miles SW of Barton

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 4-9-06
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: 110 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 4-9-06
Static Water Level (A): 70 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
Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
Signature of Pump Installer

Form: OLWR-SWR-1B

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MAY 04 2006

BY: OLWR