

County: Marshall
Permit #:
Driller: Jones W. Mason
Date drilling completed: 4-1-05

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 #: F-96
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

Owner Name Charlie Moore
Mailing Address: 9302 Wildcat Bottom Rd
Red Banks MS 38661
City State Zip Code
Telephone No. (662) 895 4374

Well Location

Latitude: 34° 54' 768" Longitude: 89° 31' 672"
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey
USGS quad, SE 1/4 NW 1/4 Sec 16 Twn 25 Rng 35
SW Distance 2.14 Miles Direction SE of Nearest Town Taska

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 4-1-05 Date well drilling completed: 4-1-05
If flowing, method of flow regulation: Valve NA Other (describe):
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 4-1-05
Method of Measurement (circle one) steel tape electric tape air line other: string/weight
Hole depth: 125' Well depth: 125' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 115 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 115 feet to 125 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. Mason 0-620
Print Name of Water Well Contractor and License No.

Jones W. Mason
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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. Masow

Date completed: 4-1-05

For Office Use Only:

Aquifer: _____

Well #: F-96

Elevation: _____

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: Charlie Moore

Mailing Address: 9302 wildcat bottom

Red Banks ms 38661
City State Zip Code

Telephone No. (662) 895 4374

Well Location

Latitude: 34.54.768 Longitude: 89.31.672

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

USGS quad, Hand-held GPS Survey-grade GPS

SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 16 Twn 2S Rng 3W

Distance Direction Nearest Town

2.14 Miles SE of Taska

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4-1-05

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: 1

Setting Depth: 80' feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 4-1-05

Static Water Level (A): 50 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. Masow

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

Jones w. Masow
Signature of Pump Installer

DR. OLIVER