

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: James W. Mason  
 Date drilling completed: 11-7-04

### 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 #: H-175  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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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>Don Alexander</u>	Latitude: <u>34° 50' 02"</u> Longitude: <u>089° 41' 24"</u>
Mailing Address: <u>430 Hillview Circle</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Byhalia</u> MS <u>38611</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>11</u> Twn <u>35</u> Rng <u>5W</u>
Telephone No. <u>(662) 838-8072</u>	Distance <u>1/2</u> Miles Direction <u>W</u> of <u>Warsaw</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-7-04</u> Date well drilling completed: <u>11-7-04</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>20</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>11-17-04</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String / weight</u>	
Hole depth: <u>95'</u> Well depth: <u>95</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>85</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>85</u> feet to <u>95</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> 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.	
<u>James W. Mason 0-620</u>	<u>James W. Mason</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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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: James W. Mason  
 Date completed: 11-17-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-175  
 Elevation: \_\_\_\_\_

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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>Dan Alexander</u>	Latitude: <u>34-50.032</u> Longitude: <u>089-41-714</u>
Mailing Address: <u>430 hillview crt.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Byhalia</u> <u>MS</u> <u>38611</u> City State Zip Code	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>11</u> Twn <u>3S</u> Rng <u>5W</u>
Telephone No. <u>(662) 838-8072</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>W</u> of <u>Warsaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>11-17-04</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-17-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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.

James W. Mason 0620 James W. Mason  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 DEC 06 2004  
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