

State Well Report

Part 1

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 #: J-185
 L. S. Elevation: _____
 E-log #: _____

County: Marshall 093
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 8-3-04

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>Tommy Schaffer</u> | Latitude: <u>34° 47' 48" N</u> Longitude: <u>89° 36' 52" W</u> |
| Mailing Address: <u>LOT 20 Sweet Creek</u> <u>South Creek Sub.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Byhalia MS 38611</u> City State Zip Code | USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. <u>(901) 262-1411</u> | <u>NE 1/4 SW 1/4 Sec 27 Twn 35 Rng 4w</u> |
| | Distance Direction Nearest Town <u>3.14 Miles E of Watson corner</u> |

Well Data

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

Date well drilling started: 8-3-04 Date well drilling completed: 8-3-04

If flowing, method of flow regulation: Valve _____ Other (describe) NONE

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-3-04

Method of Measurement (circle one) steel tape electric tape air line other string and weight

Hole depth: 95' Well depth: 95' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 85 feet to 95 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: none 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.

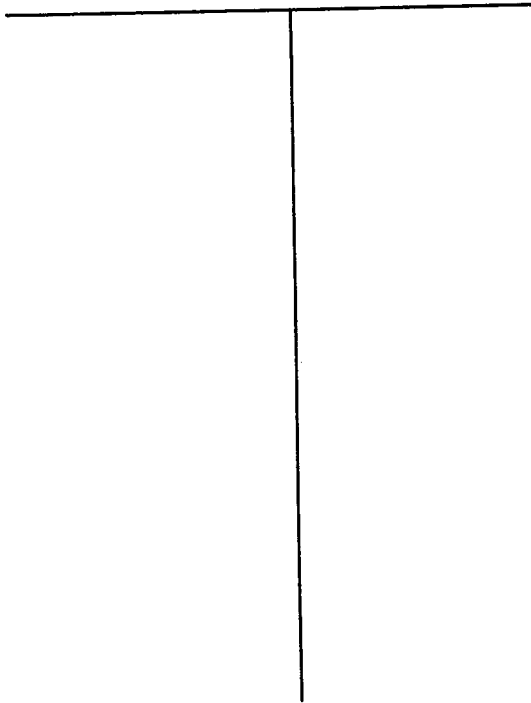
James W. Mason 0-620 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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J-185

If well telescopes please sketch below and show depths.

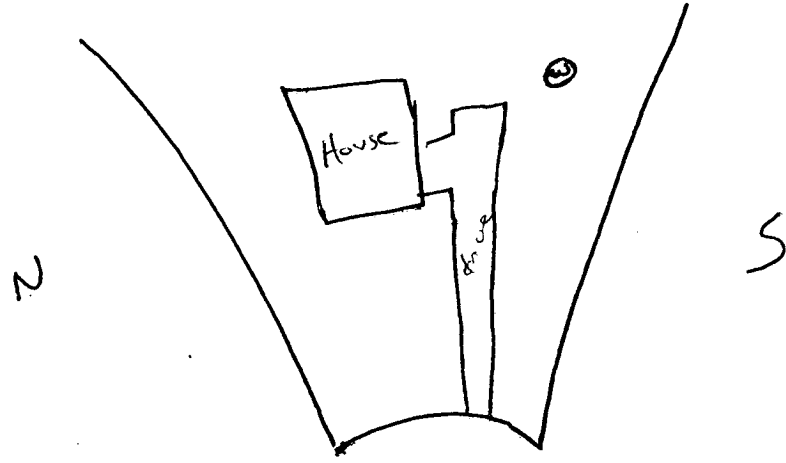
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| clay dirt | 0 | 25 |
| white clay | 25 | 30 |
| white sand | 30 | 95 |
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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: Tommy Scofield Lot 20


 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)

For Office Use Only:

Aquifer: _____

Well #: J-185

Elevation: _____

County: Marshall
 Permit #: _____
 Driller: Joey W. Mason
 Date completed: 8-3-04

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>Tommy Schoffner</u> | Latitude: <u>34.47.478</u> Longitude: <u>089.36.552</u> |
| Mailing Address: <u>LOT 20 Suncrest Cove</u> <u>Southcreek sub.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Byhalia</u> MS <u>38611</u> | <u>NE</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>3S</u> Rng <u>4W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 262-1411</u> | <u>3.4</u> Miles <u>E</u> of <u>Watson corner</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>314 hp.</u> |
| Date Pump Installed: <u>8-3-04</u> | Setting Depth: <u>80</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>8-3-04</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>60</u> Feet Below Land Surface | Other (specify): <u>string and weight</u> |
| Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>N/A</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.

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

Joey W. Mason
 Signature of Pump Installer

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