

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-187
L. S. Elevation: _____
E-log #: _____

County: Marshall 093
Permit #: _____
Driller: James W. Mason
Date drilling completed: 8-5-04

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>Richard Rose</u>	Latitude: <u>34.50.757</u> Longitude: <u>89.35.567</u>
Mailing Address: <u>357 Skating rink rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>45</u>
<u>Byhalia</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>"</u> <u>MS</u> <u>38611</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>11</u> Twn <u>35</u> Rng <u>4w</u>
City State Zip Code	<u>SE</u> <u>SW</u> Direction <u>2</u> Nearest Town
Telephone No. <u>(901) 743-2158</u>	<u>1.12</u> Miles <u>E</u> of <u>Victoria</u>

Well Data

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

Date well drilling started: 8-5-04 Date well drilling completed: 8-5-04

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 8-5-04

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

Hole depth: 170' Well depth: 175' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160' feet Casing diameter: 4" inches Type of casing: pvc

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

Screen slot size: 1010 inches Setting depth: From 160 feet to 170 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: _____ 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 0-630
Print Name of Water Well Contractor and License No.

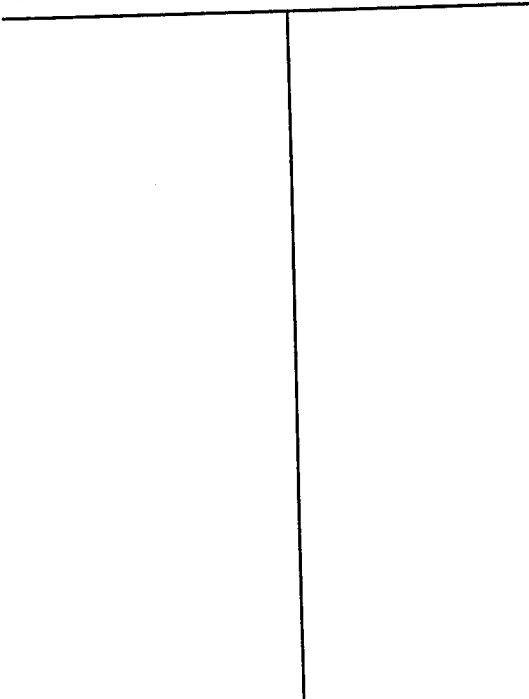
James W. Mason
Signature of Water Well Contractor

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BY: OIWR

J-187

If well telescopes please sketch below and show depths.

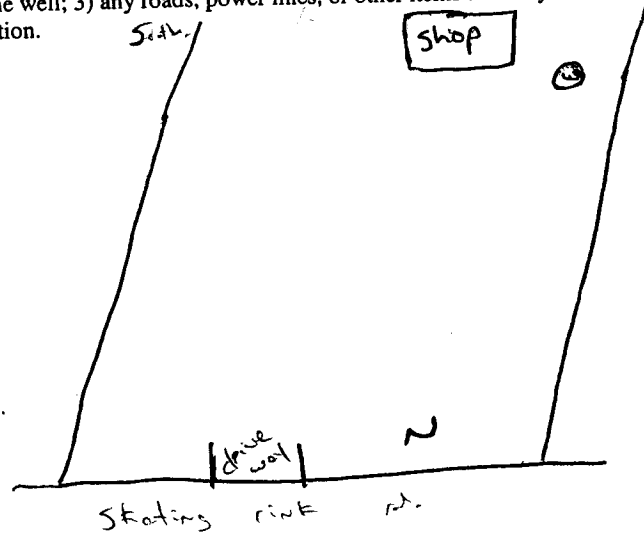
Ground Level



Description of Formations Encountered	From	To
Clay dirt	0	15
red sand	15	30
hard rock	30	31
red sand	31	50
hard rock	50	57
white clay	57	75
white sand	75	170

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.



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Landowner Name: Richard Rose 357 Skating rink rd.

Gosw. Moran
Signature of Water Well Contractor

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: 8-5-04

For Office Use Only:

Aquifer: _____
 Well #: J-187
 Elevation: _____

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>Richard Rose</u>	Latitude: <u>34-50-757</u> Longitude: <u>089-35-567</u>
Mailing Address: <u>357 skating rink rd</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>	NW 1/4 NE 1/4 Sec <u>11</u> Twn <u>3S</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (901) <u>743-2158</u>	<u>1.12</u> Miles <u>E</u> of <u>Victoria</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>3/4</u>
Date Pump Installed: <u>8-5-04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-5-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>string and weight</u>
Pumping Water Level (B): <u>-</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>-</u> feet
Drawdown [(B) - (A)]: <u>-</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>-</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

SEP 08 2004

BY: OLWR

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) Signature of Pump Installer