

County: Marshall
 Permit #: _____
 Driller: James W. Masou
 Date drilling completed: 1-28-05

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 #: J-199
 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: Butch Davis
 Mailing Address: LOT 19
timber ridge subdivision
Byhalia MS 38611
 City State Zip Code
 Telephone No. (901) 489-4694

Well Location
 Latitude: 34° 49' 12" N Longitude: 89° 37' 23" W
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad: Hand-held GPS, Survey-grade GPS
 SE 1/4 NE 1/4 Sec 21 Twn 35 Rng 4w
 Distance 2 1/2 Miles Direction S of Nearest Town Victoria

Well Data
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 1-28-05 Date well drilling completed: 1-28-05
 If flowing, method of flow regulation: Valve NA Other (describe) _____
 Static Water Level: 80 feet above or below (circle one) land surface Date measured: 1-28-05
 Method of Measurement (circle one) steel tape electric tape air line other: string/weight
 Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 120 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 120 feet to 130 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.
James W. Masou 0-620
 Print Name of Water Well Contractor and License No. James W. Masou
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 FEB 28 2005
 BY: OLWR

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 #: <u>J-199</u>
Elevation: _____	

County: <u>Marshall</u>
Permit #: _____
Driller: <u>Jones W. Masou</u>
Date completed: <u>1-28-05</u>

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Butch Davis</u></p> <p>Mailing Address: <u>LOT 19 -</u> <u>timber ridge subdivision</u> <u>Byhalia MS 38611</u> City State Zip Code</p> <p>Telephone No. <u>(901) 489-4694</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>34-49.198</u> Longitude: <u>89-37-237</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>SE</u> ¼ <u>NE</u> ¼ Sec <u>21</u> Twn <u>3S</u> Rng <u>4W</u></p> <p>Distance Direction Nearest Town <u>2 1/2</u> Miles <u>S</u> of <u>victoria</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> Turbine <input type="radio"/></p> <p>Bucket Piston <input type="radio"/> Turbine <input type="radio"/></p> <p>Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/></p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>1-28-05</u></p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/></p> <p><u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/></p> <p>Windmill <input type="radio"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3/4</u></p> <p>Setting Depth: <u>110</u> feet</p> <p>Number of Stages: <u>11</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>1-28-05</u></p> <p>Static Water Level (A): <u>80</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>NA</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>12</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>24</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/></p> <p>Other (specify): <u>String / weight</u></p> <p>For flowing well, measured shut in head: <u>NA</u> feet</p> <p>Well yielded <u>12</u> GPM with a drawdown of <u>NA</u> feet after <u>24</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Jones W. Masou
 Signature of Pump Installer

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FEB 28 2005

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