

County: Marshall 093  
 Permit #: \_\_\_\_\_  
 Driller: Joas W. Maso  
 Date drilling completed: 2-26-05

### 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-200  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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>Ms Richmond.</u>	Latitude: <u>34.47.254"</u> Longitude: <u>089.39.509"</u>
Mailing Address: <u>287 old hemlock rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>15</u> <u>30</u>
<u>Byhalis</u> MS <u>38611</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> <u>1/4</u> <u>Sec 29</u> Twn <u>35</u> Rng <u>4W</u>
Telephone No. <u>(901) 619-8918</u>	SW SE <u>30</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>E</u> of <u>Watson center</u>

**Well Data**

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

Date well drilling started: 2-26-05 Date well drilling completed: 2-26-05

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 2-26-05

Method of Measurement (circle one) steel tape electric tape air line other: String/weight

Hole depth: 170' Well depth: 170' 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: 010 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: 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.

Joas W. Maso. 0-620  
 Print Name of Water Well Contractor and License No.

Joas W. Maso  
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: J-200

Elevation: \_\_\_\_\_

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date completed: 2-26-05

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>ms Richmond</u>	Latitude: <u>34.47.254</u> Longitude: <u>89.39.509</u>
Mailing Address: <u>287 old herode rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Byrdia</u> <u>ms</u> <u>38611</u> City                  State                  Zip Code	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>29</u> Twn <u>35</u> Rng <u>4w</u>
Telephone No. <u>(901) 619-8918</u>	Distance      Direction      Nearest Town <u>1 1/2</u> Miles <u>E</u> of <u>Watson Cooper</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>2-26-05</u>	Setting Depth: <u>130'</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>2-26-05</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>110</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>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.

Jones w. Mason      Jones w. Mason  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 BY: OLWR