

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Jones w. Mason  
 Date drilling completed: 11-26-05

### State Well Report Part 1 - Driller's 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-221  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Southern Housing</u>	Latitude: <u>34° 49' 35.8"</u>	Longitude: <u>89° 38' 14.2"</u>	
Mailing Address: <u>LOT 23</u>	Method of Lat/Long (circle one): <u>21</u> Conventional Survey, <u>08</u>		
<u>Bennett circle</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Byhalia MS 38611</u>	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>17</u> Twn <u>35</u> Rng <u>4W</u>		
City State Zip Code	Distance: <u>2.14</u> Miles	Direction: <u>SE</u>	Nearest Town: <u>Warsaw</u>
Telephone No. <u>(662) 838-7337</u>			
Well / Borehole Data			
Date drilling started: <u>11-26-05</u>		Date drilling completed: <u>11-26-05</u>	
Hole depth: <u>185'</u>		Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: <u>NA</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>NA</u>			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
Seismic Survey _____ Other (describe) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____			
If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____			
Static Water Level: <u>100</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>11-26-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>string/weight</u>			
Well depth: <u>185</u> feet		Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix			
Casing length: <u>175</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>175</u> feet to <u>185</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. <i>If telescoped or more than one screen, describe on next page</i>			

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**DEC 27 2005**  
**BY: OLWR**

J- 221

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

Description of Formations Encountered	From (depth)	To (depth)
clay dirt	Ground Level	30
white sand	30	60
white clay	60	75
hard rock	75	76
white clay	76	95
white sand	95	130
white clay	130	145
white sand	145	185

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) a north arrow.

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BY: OLWR

Landowner Name: Southern Housing 3

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

James W. Masow 0-620      12-19-05      James W. Masow  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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. Masou  
 Date completed: 11-26-05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-221  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Southern Housing</u>	Latitude: <u>34.49.358</u> Longitude: <u>89-38-142</u>
Mailing Address: <u>LOT 23</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bennett circle</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Byholia MS 38611</u>	<u>NE 1/4 SE 1/4 Sec 17 T 35 R 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 838-7337</u>	<u>2.4</u> Miles <u>SE</u> of <u>Worsow</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-26-05</u>	Setting Depth: <u>120</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>11-26-05</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>100</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.

James W. Masou \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer