

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 #: M-66
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: _____
Driller: Jones w. Mason
Date drilling completed: 9-12-05

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>Chuck Busby</u> | Latitude: <u>34.41.957</u> " Longitude: <u>89.43.981</u> " |
| Mailing Address: <u>LOT # 10 Deerfield sub.</u> <u>Newson rd.</u> | Method of Lat/Long (circle one): <u>57</u> Conventional Survey, <u>03</u> |
| <u>Byhalia</u> <u>MS</u> <u>38611</u> City State Zip Code | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| Telephone No. <u>901, 461-5942</u> | <u>N00 1/4 N05 1/4</u> Sec <u>34</u> Twn <u>45</u> Rng <u>5w</u> |
| | NE Distance <u>1.3</u> Miles Direction <u>Sw</u> of Nearest Town <u>Walthall</u> |
| Well / Borehole Data | |
| Date drilling started: <u>9-12-05</u> Date drilling completed: <u>9-12-05</u> Hole depth: <u>170'</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) _____ | |
| If drilling is not related to water well construction, skip the remainder of this block | |
| 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>135</u> feet above or below (circle one) land surface Date measured: <u>9-15-05</u> | |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>string / weight</u> | |
| Well depth: <u>170</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix | |
| Casing length: <u>160'</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>160</u> feet to <u>170</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. If telescoped or more than one screen, describe on next page | |

Form: OLWR-SWR-1A

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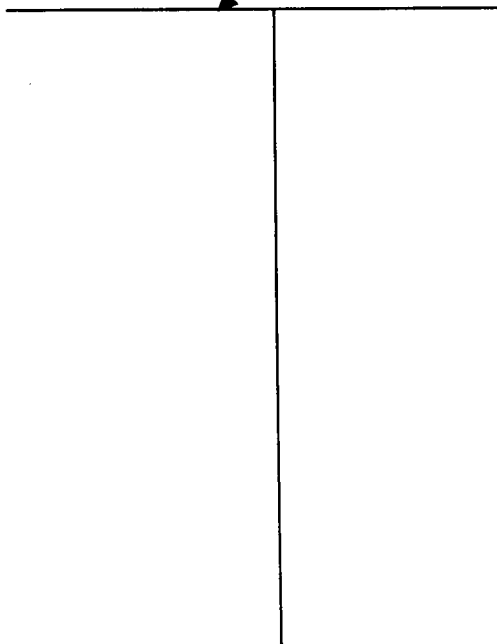
M-66

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 _____



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay dirt | Ground Level | 15 |
| white clay | 15 | 35 |
| white sand | 35 | 60 |
| white clay | 60 | 95 |
| white sand | 95 | 120 |
| white clay | 120 | 135 |
| white sand | 135 | 170 |
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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) a north arrow.

Landowner Name: Chuck Busby

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.

Joes W. Mason 0-620 10-3-05
Print Name of Responsible Licensee and License No. Date

Joes W. Mason
Signature of Licensee

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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 #: M-66
Elevation: _____

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date completed: 9-15-05

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>Chuck Busby</u> | Latitude: <u>34.41.957</u> Longitude: <u>89.43.051</u> |
| Mailing Address: <u>LOT #10 deerfield subdivision</u> <u>newson rd</u> <u>Byholia ms 38611</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 34 Twn 45 Rng 5w</u> |
| Telephone No. <u>(901) 461-5942</u> | Distance Direction Nearest Town <u>1 Miles SW of wall hill</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>9-15-05</u> | Setting Depth: <u>160</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>9-15-05</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>135</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 <u>NA</u> feet after <u>24</u> hours of pumping |
| Test Pumping Rate: <u>12</u> Gallons Per Minute | |
| 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
Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
Signature of Pump Installer

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