

County: Marshall
 Permit #: _____
 Driller: James W. Mason
 Date drilling completed: 11-11-05

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 #: A-68
 L. S. Elevation: N110
 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>Howard Malone</u>	Latitude: <u>34.42.905"</u>	Longitude: <u>89.39.862"</u>	
Mailing Address: <u>370 wall hill rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Byholia</u> MS <u>38611</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>24</u> Twn <u>45</u> Rng <u>5</u>		
Telephone No. <u>(662) 564-2150</u>	<u>SE</u> <u>SW</u> Direction <u>19</u> Nearest Town <u>4W</u>		
	Distance <u>11.8</u> Miles <u>W</u> of <u>Orion</u>		
Well / Borehole Data			
Date drilling started: <u>11-11-05</u>		Date drilling completed: <u>11-11-05</u>	
Hole depth: <u>200'</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 _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> 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 below (circle one) land surface		Date measured: <u>11-12-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String / weight</u>			
Well depth: <u>200</u> feet		Well grouted to a depth of <u>50</u> feet	
Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix			
Casing length: <u>180</u> feet		Casing diameter: <u>4</u> inches	
Type of casing: <u>pvc</u>			
Screen length: <u>20</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>180</u> feet to <u>200</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>			

Form: OLWR-SWR-1A

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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)

County: Marshall
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 11-12-05
Copy information from block on Part 1

For Office Use Only:

Aquifer: N110
 Well #: ~~AA-68~~
 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>Howard Malone</u>	Latitude: <u>34.42.905</u> Longitude: <u>89.39.862</u>
Mailing Address: <u>370 wall hill rd</u>	Method of Lat/Long (check one): Conventional Survey <u>54</u>
<u>Byhalia</u> <u>MS</u> <u>38611</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>24</u> T <u>4s</u> R <u>56w</u>
Telephone No. (<u>662</u>) <u>564-2150</u>	Distance <u>SW</u> Direction <u>19</u> Nearest Town <u>4W</u>
	<u>1.18</u> Miles <u>w</u> of <u>Orion</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>11-12-05</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-12-05</u>	Air Line Electric Measuring Line Steel Tape
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>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</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
 Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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