

County: MASHALL
 Permit #: _____
 Driller: Jones w. Masou
 Date drilling completed: 5-4-05

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 #: Q-48
 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	Well Location
Owner Name: <u>Joey Robertson</u> Mailing Address: <u>Customer has no address</u> <u>R & R Farms</u> <u>Holly Springs MS 38635</u> City State Zip Code Telephone No. <u>(901) 485-9577</u>	Latitude: <u>34° 45' 26.1"</u> Longitude: <u>089° 29' 38.1"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey USGS quad, <u>16</u> Survey-grade GPS <u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>11</u> Twn <u>45</u> Rng <u>3W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Holly Springs</u>

Well Data

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

Date well drilling started: 5-4-05 Date well drilling completed: 5-4-05

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-4-05

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

Hole depth: 125' Well depth: 125' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115' 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 115 feet to 125 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.

Jones w. Masou 0-620
 Print Name of Water Well Contractor and License No.

Jones w. Masou
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

5-4-05

Q-48

Ground Level

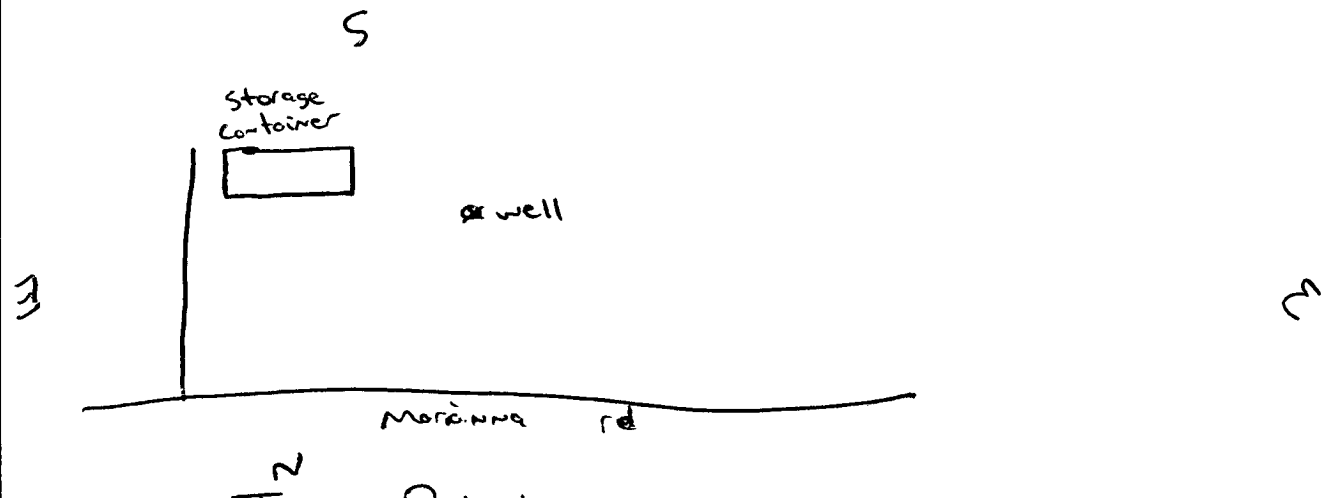
Description of Formations Encountered

From To

clay dirt	0	10
red sand	10	30
white sand	30	125

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) indicate direction.



Landowner Name: Joey Robertson

Gene W. Mason
Signature of Water Well Contractor

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BY

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 #: φ-48
Elevation: _____

County: Marshall
Permit #: _____
Driller: Jones W. Masor
Date completed: 5-4-05

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>Joey Robertson</u> Mailing Address: <u>Customer has no address</u> <u>Marianna rd.</u> <u>R & R Farms</u> <u>Holly Springs MS 38635</u> City State Zip Code Telephone No. <u>(601) 485-9577</u>	Latitude: <u>34.45.261</u> Longitude: <u>089.29.381</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 11 Twn 45 Rng 3W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-4-05</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>60</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-4-05</u> Static Water Level (A): <u>30</u> Feet Below Land Surface Pumping Water Level (B): <u>NA</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface Test Pumping Rate: <u>12</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): <u>String / weight</u> For flowing well, measured shut in head: <u>NA</u> feet Well yielded <u>12</u> GPM with a drawdown of <u>NA</u> feet after <u>24</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Masor

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

Jones W. Masor

Signature of Pump Installer

RECEIVED

JUN 03 2005

BY: OLWR