|  | 1   |                                     | For Office Use Only:                       |  |
|--|---|-------------------------------------|--|--|
| County: MArhall 093  | Well Driller Report and Well Log  |                                     | Aquifer:                                   |  |
| Permit #:  | Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 |                                     | Well #: P- 82                              |  |
| Driller: James w. Mason  |   |                                     | L. S. Elevation:                           |  |
| 2 ~ -  | 1 - 1 14  | 0 20200 0621                        |  |  |
| Date drining completed.  | 12C (601)   | 961-5210                            | E-log #:                                   |  |
| Mason Watu Well  | 7/ (601)334   | 4-0939 (19x)                        | and December within                        |  |
| Crota Law requires that this   | Lebott ne brehared of the   |                                     | the Department within                      |  |
| 30 days of completion of dri<br>Well Owner Info                                      | illing of the well.   | Wel Wel                             | 1 Location<br>4" Longitude: 89 • 27 · 137" |  |
| •  |   | Latitude: 45 . 36 196               | 4" Longitude: 89 • 27 · 137"               |  |
| Owner Name Mike Lynn   | 7   | Eattlude.                           | G8   |  |
| Mailing Address: 300 Chu   | lahana Are  | Method of Lat/Long (circle of       | one): Conventional Survey,                 |  |
|  |   | USGS quad, Rand-hel                 | d GPS Survey-grade GPS                     |  |
|  | Ms 38635  | SEVINW 1/ Sec C                     | Twn 45 Rng Dw                              |  |
| Holly Spings<br>City   | State Zip Code  |                                     | Nament Tour                                |  |
|  |   | Distance Direction  Miles           | of Holly Springs count house               |  |
| Telephone No. (42) 353- C  |   |                                     |  |  |
|  |   | l Data                              | Osh o                                      |  |
| Purpose of Well (circle one) Home  | Industrial Public Supp  | ly Irrigation Fish Cultu            | re Other:                                  |  |
| Date well drilling started: 3-3-   | -0.5 D  | ate well drilling completed:        | 3-3-05                                     |  |
| Date well drilling started:  | . 4 00  | on (describe):                      |  |  |
| If flowing, method of flow regulation  | on: Valve N/L Oth   | er (describe)                       | wred: 3-23-05                              |  |
| If flowing, method of flow regulation  Static Water Level: 140                       | feet above of below (circle of  | one) land surface Date meas         | uico.                                      |  |
|  | a electric  | tane air lille outer.               | _ <del></del>                              |  |
| Method of Measurement (circle one Hole depth:  | 760'  | Well grouted to a dept              | h offeet                                   |  |
| Hole depth:  | vell deptil.  |                                     |  |  |
| Type of grout (circle one): Cem  | ent Bentonite   | Mix                                 |  |  |
| AUD foot   | Casing diameter:  | inches Type of cas                  | ing: $\rho$                                |  |
| Casing length: 30 feet   | Carran diameter:  | inches Type of scr                  | een: PUC                                   |  |
|  | Screen diameter.  | rom 340 feet to                     | 260feet                                    |  |
| Screen slot size: , 0(0  | inches Setting depth: Fi  | rom                                 | Open hole Natural Developmen               |  |
| Type of completion (circle all appl  | icable): Gravel packed  | Underreamed Telescoped              | Open note Matural Developmen               |  |
|  | Other (describe):   |                                     | , u book of noo                            |  |
| Top of lan nine or reduction in cas  | sing: NA feet   | . If telescoped or more than        | one screen, describe on back of pag        |  |
| Top of tap pipe of reduction in  | Fleerie Gamm  | na Ray Density Sonic Neu            | itron Other:                               |  |
|  |   |                                     |  |  |
| Name of organization running log   | (S):  | ce with all applicable requirements | of the Mississippi Department of           |  |
| I certify that the well was drilled, constr<br>Environmental Quality and/or the Miss | issippi Department of Health regu   | lations and state laws.             |  |  |
| Fusicoumentar Ananch and the house   | • •   |                                     |  |  |
| . Jones w. Moson   | 0-620   | Pars c                              | J. Man.                                    |  |
| Jenes W. Iviasan   | actor and License No.   | Signatu                             | re of Water Well Contractor                |  |
| Print Name of Water Well Contra  | iciol and District  |                                     | DEOFINED                                   |  |

If well telescopes please sketch below and show depths.

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If well telescopes please sketch below and show depths.

| II Mell resescober |    |     |  |
|--------------------|----|-----|--|
| Ground Level       | P- | 82_ |  |
|                    |    |     |  |
|                    |    |     |  |
|                    |    | \   |  |
|                    |    |     |  |
|                    |    |     |  |
|                    |    |     |  |
|                    |    |     |  |

| Co-motions Encountered                | From | To  |
|---------------------------------------|------|-----|
| Description of Formations Encountered | 0    | 3   |
| day dict.                             | 1 2  | 40  |
| red sand                              | 40   | 65  |
| white Soud                            | 65   | 95  |
| white clay                            | 95   | 125 |
| while Soud                            | 125  | 140 |
| while clay                            | 140  | 185 |
| white soud                            | 185  | 190 |
| while clay                            | 190  | 275 |
| while sour                            |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      | 1   |
|                                       |      | 1-7 |
|                                       |      | 1   |
|                                       |      | 1   |
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|                                       |      |     |

If more than one screen, show location of each on sketch

| If more than one screen, show to the                          | enent structures on the property that may                          |
|---|--|
| and include the following: 1) the we                          | or other items that may aid in locating the property and the well; |
| Sketch the property layout and include the roads, power lines | or other items that may aid in rooming                             |
|   | W  |
| 4) indicate direction.  |  |
| house   |  |
| dove vey  |  |
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|   | thy 4-   |
|   | - Hy 4.  |
| marke CYNN  |  |
| Landowner Name: Mike CYNN                                     |  |
|   | E  |
|   | •  |

Signature of Water Well Contractor

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## STATE WELL REPORT Part 2 County: Marshall Permit #: Driller James

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

| For Office Use Only: |  |
|----------------------|--|
| Aquifer:             |  |
| Well #:              |  |

| Date completed: 3-33-05                       |                         | 961-5210<br>4-6938 (fax)                   |                       |                 |
|---|-------------------------|--|-----------------------|-----------------|
| This report should be prepared by the         | pump installer in detai |  |                       | of the          |
| installation of pump.  Well Owner Information | on.                     |  | Location              |                 |
| Owner Name: Mike Lynn                         |                         | Latitude: 45, 36, 964                      | Longitude: 89         | 27.137          |
| Mailing Address: 300 Chulchon                 |                         | Method of LavLong (circle on               |                       |                 |
|   |                         | USGS quad, Hand                            |                       |                 |
| Holly Springs MS City State                   | 38635                   | SE 1/ NW 1/ Sec 6                          |                       |                 |
| City State                                    | Zip Code ·              |  | · Nearest Town        |                 |
| Telephone No. (662) 252-066                   | 3                       | Miles _ Wo                                 | of Holly spring       | is court house. |
|   |                         | 1  |                       |                 |
| Pump Type Circle one                          |                         |  | wer Type<br>ircle one |                 |
| Air Lift let                                  | Submersible             | Diesel Engine Gasoli                       | ne Engine             | Natural Gas     |
| Bucket Piston                                 | Turbine                 | Electric Motor Hand                        | (sp <b>e</b> cify):   | Tractor PTO     |
| Centrifugal Rotary                            | Flowing Well            | Windmill Other Horse Power Rating of Motor |                       |                 |
| Other (specify):                              |                         | Horse Power Rading of Motor                |                       |                 |
| Date Pump Installed: 3-3-05                   |                         | Setting Depth: 3t                          | 0'                    | feet            |
| Rated Pump Capacity:                          | Gallons Per Minute      | Number of Stages:                          | 0                     |                 |
|   |                         | New York of MA                             | easuring Water L      | eyel            |
| Pump Test Data                                | . <del>-</del>          | Memod of M                                 | Circle one            |                 |
| Date Well Tested: 3-33-05                     | ·                       | Air Line Electric Me                       | asuring Line          | Steel Tape      |
| Static Water Level (A): 140 Feet              |                         | Other (specify): String                    | g (weigh              |                 |
| Pumping Water Level (B): NA Feet              |                         | For flowing well, measured s               |                       |                 |
| Drawdown [(B) - (A)]:Feet                     | Below Land Surface      | Well yielded                               | GPM with a d          | rawdown of      |
| Test Pumping Rate:                            | _Gallons Per Minute     | Well yieldedfeet after                     | 4 ho                  | ours of pumping |
| Duration of Pump Test (minimum 4 hours)       | hours                   | icet after                                 |                       |                 |
|   |                         | 1-4-                                       |                       |                 |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Agnature of Pump Installer Print Name of Pump Installer and License No. (if applicable)

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