

County: Marshall 093
 Permit #: _____
 Driller: James W. Mason
 Date drilling completed: 3-3-05

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 #: P-82
 L. S. Elevation: _____
 E-log #: _____

Mason Water Wells, LLC

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Mike Lynn</u> Mailing Address: <u>300 Chulahoma Ave</u> <u>Holly Springs MS 38635</u> City State Zip Code Telephone No. <u>(662) 252-0668</u></p>	<p>Well Location</p> <p>Latitude: <u>34 45 57</u> Longitude: <u>89 07 137</u> 45 30 364 Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NW 1/4</u> Sec <u>6</u> Twn <u>45</u> Rng <u>2W</u> Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Holly Springs courthouse</u></p>
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Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 3-3-05 Date well drilling completed: 3-3-05
 If flowing, method of flow regulation: Valve NA Other (describe): _____
 Static Water Level: 140 feet above or below (circle one) land surface Date measured: 3-23-05
 Method of Measurement (circle one) steel tape electric tape air line other: string/weight
 Hole depth: 275' Well depth: 260' Well grouted to a depth of 50 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 240 feet Casing diameter: 4 inches Type of casing: pvc
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc
 Screen slot size: .010 inches Setting depth: From 240 feet to 260 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.
James W. Mason 0-620 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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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: 3-23-05

For Office Use Only:

Aquifer: _____
 Well #: P-82
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Mike Lynn</u> Mailing Address: <u>300 Childsoma Ave</u> <u>Holly Springs MS 38635</u> <small>City State Zip Code</small> Telephone No. <u>(662) 252-0668</u>	Latitude: <u>45.36.964</u> Longitude: <u>89.27.137</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>6</u> Twn <u>4s</u> Rng <u>2w</u> Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Holly Springs court house</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-23-05</u> Rated Pump Capacity: <u>60</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5 hp.</u> Setting Depth: <u>210'</u> feet Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-23-05</u> Static Water Level (A): <u>140</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>60</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>string (weight)</u> For flowing well, measured shut in head: <u>NA</u> feet Well yielded <u>60</u> GPM with a drawdown of <u>NA</u> feet after <u>4</u> hours of pumping

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) Signature of Pump Installer

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