

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: James W. Mason  
 Date drilling completed: 11-1-04

### 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 #: S-49  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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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.

| Well Owner Information   |  | Well Location  |                             |
|--|--|--|-----------------------------|
| Owner Name <u>Rochelle Roberts</u>                             |  | Latitude: <u>34.36.430</u>   | Longitude: <u>89.29.483</u> |
| Mailing Address: <u>1257 Old Oxford Rd.</u>                    |  | Method of Lat/Long (circle one): <u>38</u> Conventional Survey, <u>29</u>            |                             |
| City: <u>Waterford</u> State: <u>MS</u> Zip Code: <u>38685</u> |  | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS                                     |                             |
| Telephone No. <u>(601) 544-1700</u>                            |  | <u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>35</u> Twn <u>5S</u> Rng <u>3W</u>                |                             |
|  |  | Distance <u>2 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Waterford MS.</u> |                             |

**Well Data**

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

Date well drilling started: 11-1-04 Date well drilling completed: 11-1-04

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

Static Water Level: 150' feet above of below (circle one) land surface Date measured: 11-1-04

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

Hole depth: 200' Well depth: 200' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190' feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .013 inches Setting depth: From 190 feet to 200 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.

James W. Mason  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level S-49

\_\_\_\_\_

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\_\_\_\_\_

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| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| clay dirt.                            | 0    | 5   |
| red sand                              | 5    | 15  |
| white sand                            | 15   | 93  |
| white clay                            | 93   | 96  |
| white sand                            | 96   | 150 |
| Blue clay                             | 150  | 155 |
| white sand                            | 155  | 200 |
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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) indicate direction.

N

home

South

drive way.

well

Landowner Name: Rochelle Roberts

James W. Moore  
Signature of Water Well Contractor

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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 #: S-49  
Elevation: \_\_\_\_\_

93

County: Marshall  
Permit #: \_\_\_\_\_  
Driller: Jones W. Maso  
Date completed: 11-1-04

**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>Rachelle Roberts</u>         | Latitude: <u>34-36-630</u> Longitude: <u>089-29-483</u> |
| Mailing Address: <u>1257 old oxford rd.</u> | Method of Lat/Long (circle one): Conventional Survey,   |
| <u>Waterford MS. 38685</u>                  | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS      |
| City State Zip Code                         | <u>NW 1/4 NW 1/4 Sec 35 Twn 5S Rng 3W</u>               |
| Telephone No. <u>(662) 544-1700</u>         | Distance Direction Nearest Town                         |
|   | <u>2 1/2</u> Miles <u>SW</u> of <u>Waterford MS</u>     |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> <input 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>1 hp</u>   |
| Date Pump Installed: <u>11-1-04</u>   | Setting Depth: <u>180'</u> feet  |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute                           | Number of Stages: <u>14</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one           |
|--|---|
| Date Well Tested: <u>11-1-04</u>                           | Air Line Electric Measuring Line Steel Tape             |
| Static Water Level (A): <u>150</u> Feet Below Land Surface | Other (specify): <u>string and 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           |
| Test Pumping Rate: <u>12</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. Maso  
Print Name of Pump Installer and License No. (if applicable)

Jones W. Maso  
Signature of Pump Installer **RECEIVED**

DEC 06 2004

BY: DLWR