

County: Tate
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 11-29-04

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 #: C-203
 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>Jeff. Sowell</u>	Latitude: <u>34° 45' 40"</u> Longitude: <u>89° 50' 41"</u>
Mailing Address: <u>8016 palestine rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>coldwater MS 38618</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 4 Twn 45 Rng 6W</u>
Telephone No. <u>(662) 349-0777</u>	Distance Direction Nearest Town
	<u>1.14 Miles N of gingerhill</u>

Well Data

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

Date well drilling started: 11-29-04 Date well drilling completed: 11-29-04

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

Static Water Level: 95' feet above or below (circle one) land surface - Date measured: 11-29-04

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

Hole depth: 170' Well depth: 165' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155' 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 155 feet to 165 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. Mason 0-620
 Print Name of Water Well Contractor and License No.

Jones W. Mason
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

BY: OLWR

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 #: C-203

Elevation: _____

137

County: Tate
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 11-29-04

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>Jeff Sowell</u>	Latitude: <u>34.45.740</u> Longitude: <u>89.50.686</u>
Mailing Address: <u>8016 palestine rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Caldwater MS 38610</u>	<u>NW 1/4 SW 1/4 Sec 4 Twn 45 Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 349-0777</u>	<u>1.4</u> Miles <u>N</u> of <u>gingerhill</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>314</u>
Date Pump Installed: <u>11-29-04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-29-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>95</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>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. Mason 0-620 Jones W. Mason
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer