

County: Tate
 Permit #: _____
 Driller: Jones W. Mason
 Date drilling completed: 7-25-07

State Well Report Part 1 - Driller's 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 #: D-139
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jo Austin</u>	Latitude: <u>34° 44' 29.0"</u> Longitude: <u>89° 44' 41.3"</u>
Mailing Address: <u>Mayse rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>LOT # 28</u>	USGS quad: <u>NW 1/4 SW 1/4 Sec 16 Twn 4s Rng 5w</u>
<u>coldwater MS 38648</u>	Distance: <u>1/2</u> Miles Direction: <u>S</u> of Nearest Town: <u>Wakefield</u>
City: _____ State: _____ Zip Code: _____	
Telephone No. <u>(662) 292-1551</u>	
Well / Borehole Data	
Date drilling started: <u>7-25-07</u> Date drilling completed: <u>7-25-07</u> Hole depth: <u>140'</u> Hole diameter: <u>6 3/4"</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>NA</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>95</u> feet above or below (circle one) land surface Date measured: <u>7-26-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>string weight</u>	
Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>NA</u>	
Top of lap pipe or reduction in casing: <u>NA</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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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: Tate
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 7-26-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-139
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Jo Austin</u>	Latitude: <u>34-44.290</u> Longitude: <u>89.44.413</u>
Mailing Address: <u>MAVE rd</u> <u>LOT # 28</u> <u>(Caldwater ms) 38610</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW 1/4 SW 1/4 Sec 16 T 4S R 5W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>1/2 Miles S of Wakefield</u>
Telephone No. <u>662 292 1551</u>	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-26-07</u>	Setting Depth: <u>110</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>7-26-07</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
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 <u>NA</u> feet after <u>24</u> hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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
 Print Name of Pump Installer and License No. (if applicable)

Jones W. Mason
 Signature of Pump Installer

Form: OLWR-SWR-1B

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