

Eastfork 36-6#1

State Well Report Part 1

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 #: J-69
L. S. Elevation: _____
E-log #: _____

County: Amitie
Permit #: _____
Driller: John W Thompson
Date drilling completed: 7-13-07

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>Energy Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 985</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Natchez MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>36</u> <u>3N</u> <u>5E</u>
Telephone No. () _____	Distance: <u>7</u> Miles Direction: <u>E</u> of Nearest Town: <u>Liberty</u>

Well Data

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

Date well drilling started: 7-12-07 Date well drilling completed: 7-13-07

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

Static Water Level: 51 feet above or below (circle one) land surface Date measured: 7-13-07

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

Hole depth: 180 Well depth: 160 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite _____ Mix _____

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 0.020 inches Setting depth: From 140 feet to 160 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: _____ 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: _____

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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.

John W Thompson 0-679 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

J-

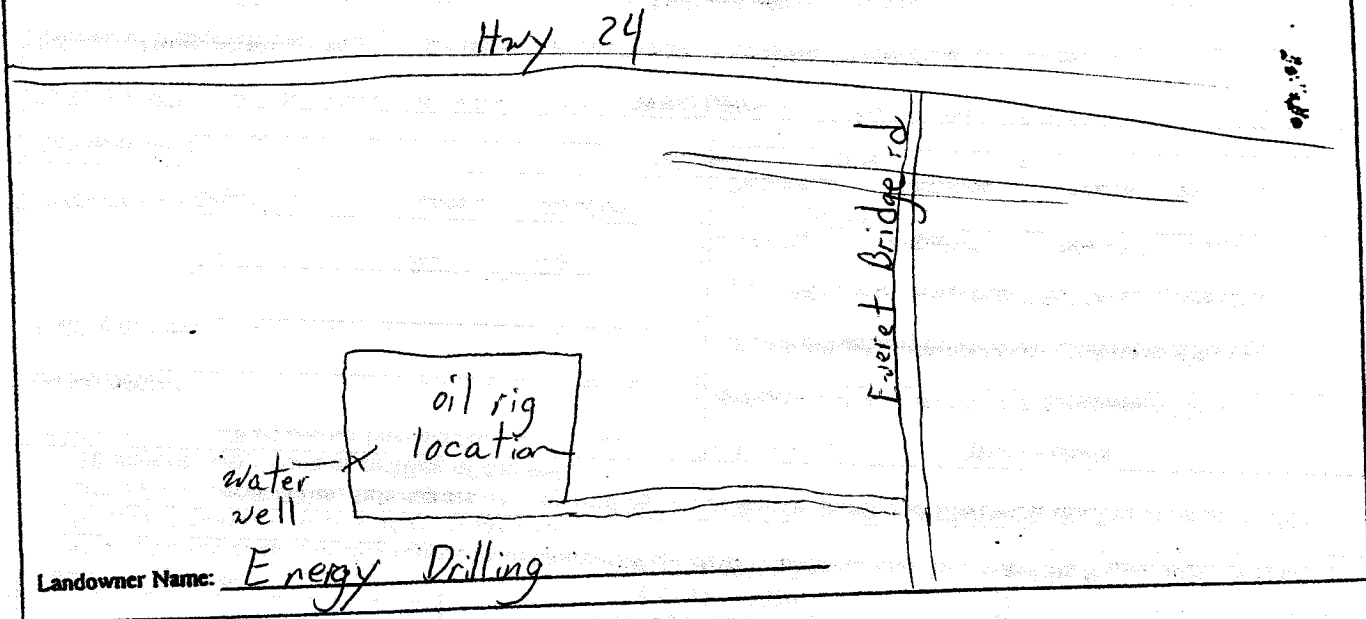
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
gravel	0	68
clay	68	80
clay	80	90
sandy clay	90	100
coarse sand & pebbles	100	180

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.



Landowner Name: Energy Drilling

John W. Thompson
 Signature of Water Well Contractor

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 #: J-69

Elevation: _____

County: Amite
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 7-13-07

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>Energy Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Natchez MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<input type="radio"/> 1/4 _____ <input type="radio"/> 1/2 Sec <u>36</u> Twn <u>3N</u> Rng <u>5E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>E</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> <u>Electric Motor</u>
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Hand
<input type="checkbox"/> Jet	<input type="checkbox"/> Natural Gas
<input checked="" type="checkbox"/> <u>Submersible</u>	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Piston	<input type="checkbox"/> Windmill
<input type="checkbox"/> Turbine	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Flowing Well	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>7-13-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-13-07</u>	<input checked="" type="checkbox"/> <u>Electric Measuring Line</u>
Static Water Level (A): <u>51</u> Feet Below Land Surface	<input type="checkbox"/> Air Line
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>100</u> GPM with a drawdown of
	<u>9</u> feet after <u>4</u> hours of pumping

BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W. Thompson 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer