

State Well Report

Part I

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 #: Q-77 23
 L. S. Elevation: _____
 E-log #: _____

County: Clark
 Permit #: _____
 Driller: John W. Thompson
 Date drilling completed: 10-13-04

Thompson Brothers
Water Well Service

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>Grand Operating Co.</u>	Latitude: <u>31° 53' 52"</u> Longitude: <u>88° 45' 18"</u>
Mailing Address: <u>15303 Dallas Parkway</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Suite 1010</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>15E</u>
<u>Addison TX 75001</u>	<u>1/4 SW 1/4 Sec 27 Twn 1N Rng 8W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>NW</u> of Nearest Town <u>Shubuta</u>
Telephone No. (____) _____	

Well Data

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

Date well drilling started: 10-12-04 Date well drilling completed: 10-13-04

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

Static Water Level: 29' feet above or below (circle one) land surface Date measured: 10-13-04

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

Hole depth: 430 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 390 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 0.08 & 0.020 inches Setting depth: From 390 feet to 420 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: _____

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 0-0679
 Print Name of Water Well Contractor and License No.

John W. Thompson
 Signature of Water Well Contractor

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NOV 02 2004

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)

County: Clarke
Permit #: _____
Driller: John W. Thompson
Date completed: 10-13-04

For Office Use Only:

Aquifer: _____
Well #: Q-77
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>Grand Operating Co.</u>	Latitude: <u>31° 53' 52"</u> Longitude: <u>88° 45' 18"</u>
Mailing Address: <u>15303 Dallas Parkway</u> <u>Suite 1010</u> <u>Addison TX 75001</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 27 Twn 1N Rng 8E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>Shubuta</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: _____	Setting Depth: <u>160</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-13-04</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>113</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>118</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

John W. Thompson 0-0679 John W. Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

NOV 02 2004
BY: OLWR