

McGrew 20-4#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-64  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-30-07

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>EOB Resources</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>6101 S Broadway suite 100</u> <u>Tyler TX 75701</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>7N</u> Rng <u>16W</u>		
City _____ State _____ Zip Code _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____	_____ 9 Miles _____ W of <u>Seminary</u>	
Telephone No. ( ) _____			

**Well Data**

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

Date well drilling started: 7-30-07 Date well drilling completed: 7-30-07

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 7-30-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 80 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: .020 inches Setting depth: From 80 feet to 100 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 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

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AUG 20 2007  
BY: OLWF

J. 64

If well telescopes please sketch below and show depths.

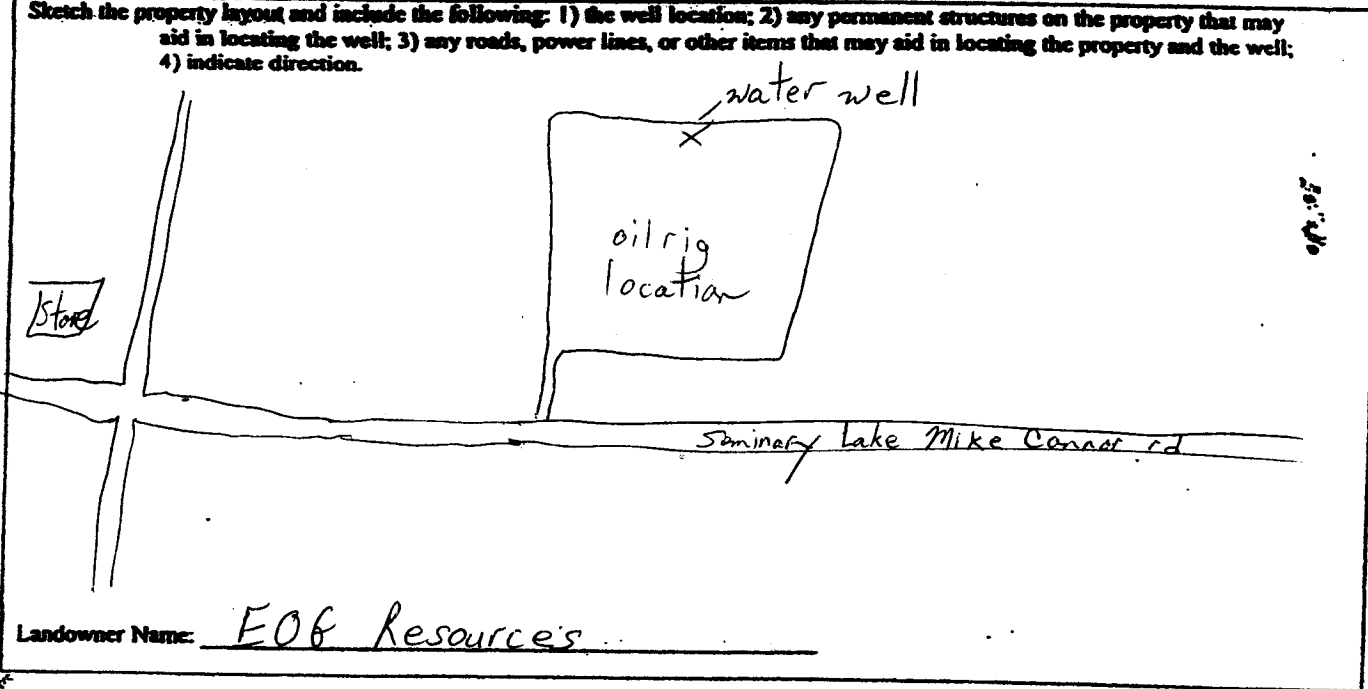
Ground Level



Description of Formations Encountered	From	To
sand + clay	0	20
sand	20	100

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.



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)

County Covington  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 7-30-07

For Office Use Only:

Acquirer: \_\_\_\_\_  
 Well #: J-64  
 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>EOB Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 S Grandway suite 100</u> <u>Tyler TX 75701</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>7N</u> Rng <u>16W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>9</u> Miles <u>W</u> of <u>Seminary</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>80</u> feet Number of Stages: _____
Date Pump Installed: <u>7-30-07</u>	
Rated Pump Capacity: <u>85</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-30-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>10</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Pumping Water Level (B): <u>24</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	<u>14</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>100</u> Gallons Per Minute	
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 0-6-79      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
 AUG 20 2007  
 BY: OLWR

**STATE WELL REPORT**

**Part I**

This report should be prepared by the group in charge of the well and filed with the Department within 30 days of the completion of the well.  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 1000 North I-55  
 Jackson, MS 39201-0001  
 (601) 359-4310  
 (601) 359-4318 (fax)

For Office Use Only

Agency: \_\_\_\_\_

Well No.: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Well No.: \_\_\_\_\_

Well Name: \_\_\_\_\_

Well Location: \_\_\_\_\_

This report should be prepared by the group in charge of the well and filed with the Department within 30 days of the completion of the well.

<p><b>Well Location</b></p> <p>Latitude: _____</p> <p>Longitude: _____</p> <p>Section of Township (containing Government Survey): _____</p> <p>Range: _____</p> <p>County: _____</p> <p>State: _____</p> <p>City: _____</p> <p>Zip Code: _____</p>	<p><b>Well Owner Information</b></p> <p>Owner Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p>
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<p><b>Well Construction</b></p> <p>Well Type: _____</p> <p>Construction Material: _____</p> <p>Well Depth: _____</p> <p>Number of Casing: _____</p> <p>Well Diameter: _____</p> <p>Well Completion: _____</p>	<p><b>Well Construction Details</b></p> <p>Well Type: _____</p> <p>Construction Material: _____</p> <p>Well Depth: _____</p> <p>Number of Casing: _____</p> <p>Well Diameter: _____</p> <p>Well Completion: _____</p>
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<p><b>Well Test Data</b></p> <p>Test Date: _____</p> <p>Test Time: _____</p> <p>Static Water Level (A): _____</p> <p>Flowing Water Level (B): _____</p> <p>Drawdown (B) - (A): _____</p> <p>Flow Rate (GPM): _____</p> <p>Duration of Pump Test (minutes): _____</p>	<p><b>Well Test Data</b></p> <p>Test Date: _____</p> <p>Test Time: _____</p> <p>Static Water Level (A): _____</p> <p>Flowing Water Level (B): _____</p> <p>Drawdown (B) - (A): _____</p> <p>Flow Rate (GPM): _____</p> <p>Duration of Pump Test (minutes): _____</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Well Owner: \_\_\_\_\_

Date: \_\_\_\_\_