

Sheley 24-8#1 w.w. #2

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 #: B160
L. S. Elevation: _____
E-log #: _____

County: Forrest
Permit #: _____
Driller: John W Thompson
Date drilling completed: 7-19-09

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>Pruett Production</u>	Latitude: <u>31° 23' 49"</u> Longitude: <u>89° 15' 03"</u>
Mailing Address: <u>217 W Capital St</u> <u>Jackson MS 39201</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW 1/4 SE 1/4 Sec <u>24</u> Twn <u>5N</u> Rng <u>13W</u>
Telephone No. () _____	Distance <u>2</u> Miles Direction <u>N</u> of <u>Petal</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Fig supply</u>	
Date well drilling started: <u>7-16-09</u> Date well drilling completed: <u>7-19-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>146</u> feet above or below (circle one) land surface Date measured: <u>7-19-09</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>403</u> Well depth: <u>370</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>330</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>330</u> feet to <u>370</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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) <u>No log run</u> 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.	
Print Name of Water Well Contractor and License No. <u>John W Thompson 0-679</u>	Signature of Water Well Contractor <u>John W Thompson</u>

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AUG 18 2009
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 #: B160

Elevation: _____

County: Forrest

Permit #: _____

Driller: John W Thompson

Date completed: 7-19-09

Copy information from block on Part 1

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

Owner Name: Puet Production
Mailing Address: 217 W Capital St
Jackson MS 39201

City _____ State _____ Zip Code _____

Telephone No. () _____

Well Location

Latitude: 31-22-49 Longitude: 89-15-03

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____

N 1/4 SE 1/4 Sec 24 T 5N R 13W

Distance _____ Direction _____ Nearest Town _____

2 Miles N of Petal

Pump Type Circle one

Air Lift _____ Jet _____ Submersible
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____
Other (specify): _____

Date Pump Installed: 7-19-09

Rated Pump Capacity: 55 Gallons Per Minute

Power Type Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
Windmill _____ Other (specify): _____

Horse Power Rating of Motor: 7.5

Setting Depth: 300 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 7-19-09

Static Water Level (A): 146 Feet Below Land Surface

Pumping Water Level (B): 240 Feet Below Land Surface

Drawdown [(B) - (A)]: 94 Feet Below Land Surface

Test Pumping Rate: 60 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line _____ Electric Measuring Line _____ Steel Tape _____

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 60 GPM with a drawdown of

94 feet after 4 hours of pumping

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

Form: OLWR-SWR-1B

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AUG 18 2009

BY: OLWR