

# 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 #: M-110  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 11-30-07

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>Par Minerals</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>509 Market St Ste 300</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>15</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>SW</u> of <u>Pistol Ridge</u>

**Well Data**

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

Date well drilling started: 11-28-07 Date well drilling completed: 11-30-07

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

Static Water Level: 61 feet above or below (circle one) land surface Date measured: 11-30-07

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

Hole depth: 435 Well depth: 420 Well grouted to a depth of 20 feet

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

Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 380 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 0-679 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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clay	0	330
sand	330	425
clay	425	435

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: Par Minerals

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: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 11-30-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M-110  
 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>Par Minerals</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>509 Market St Ste 300</u> <u>Shreveport LA 71101</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>17</u> Twn <u>15</u> Rng <u>BW</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>SW</u> of <u>Pistol Ridge</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift      Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket      Piston      Turbine <input type="checkbox"/> Centrifugal      Rotary      Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine      Gasoline Engine      Natural Gas <input checked="" type="checkbox"/> Electric Motor      Hand      Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>100</u> feet Number of Stages: _____
Date Pump Installed: <u>11-30-07</u>	
Rated Pump Capacity: <u>85</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-30-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>61</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>79</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown (B) - (A): <u>9</u> Feet Below Land Surface	<u>9</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 0-679      John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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