

Atlas 6-12 #1 elev 252

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: N 54
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Forrest
Permit #: _____
Driller: John W Thompson
Date drilling completed: 9-8-11

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>Ventex</u>	Latitude: <u>N 30.59.39"</u> Longitude: <u>N 89.13.46"</u>
Mailing Address: <u>3500 Oak Lawn</u> <u>Dallas TX 75219</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>52 1/4 NW 1/4 Sec 6 Twn 1S Rng 12W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>S</u> of Nearest Town: <u>Brooklyn</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 9-7-11 Date well drilling completed: 9-8-11

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

Static Water Level: 180 feet above of below (circle one) land surface Date measured: 9-8-11

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

Hole depth: 603 Well depth: 600 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 540 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 540 feet to 600 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

RECEIVED
OCT 5 2011
BY: OLWR

N54

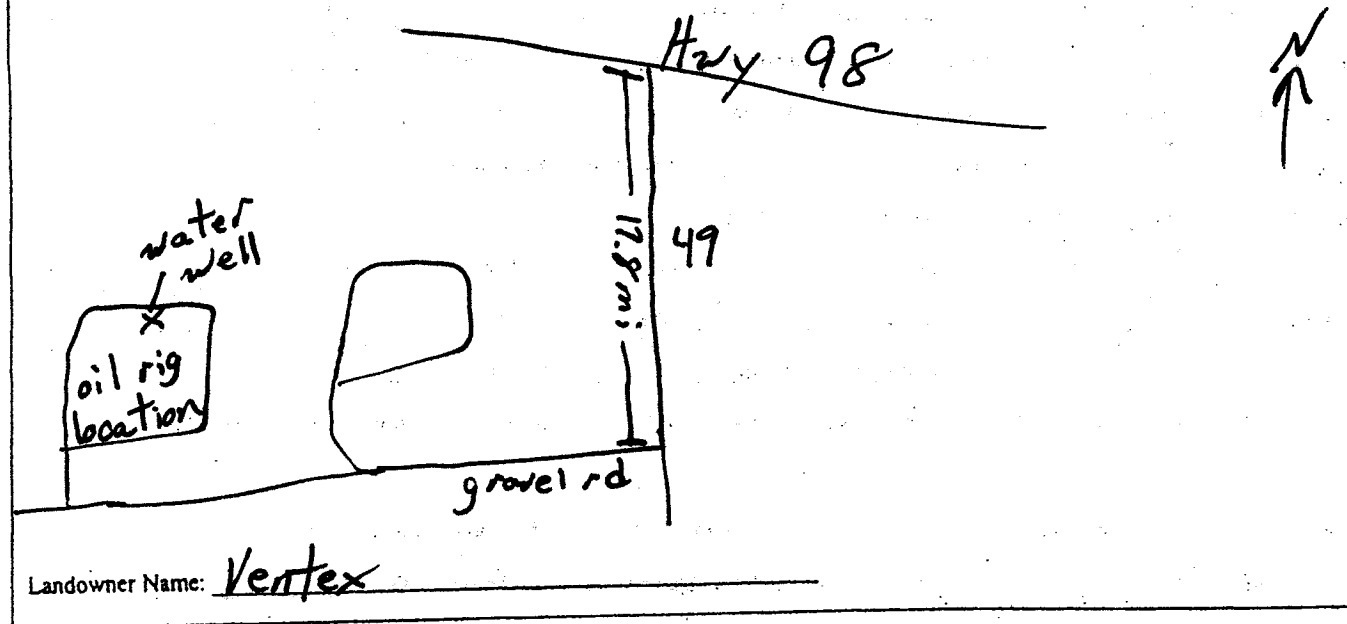
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	15
sand + pea gravel	15	30
white Clay	30	70
Blue Clay	70	370
sand	370	383
sand + Clay stripes	383	483
fine sand	483	530
coarse sand	530	590
Clay	590	603

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.



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: 9-8-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N54
 Elevation: _____

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	Well Location
Owner Name: <u>Ventex</u> Mailing Address: <u>3500 Oak Lawn</u> <u>Dallas TX 75219</u> City State Zip Code Telephone No. () _____	Latitude: <u>30°59'39"</u> Longitude: <u>89°13'46"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ ¼ _____ ¼ Sec: <u>6 T 15 R 12W</u> Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Brooklyn</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9-8-11</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>7.5</u> Setting Depth: <u>260</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-8-11</u> Static Water Level (A): <u>180</u> Feet Below Land Surface Pumping Water Level (B): <u>210</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface Test Pumping Rate: <u>75</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>75</u> GPM with a drawdown of <u>30</u> feet after <u>4</u> hours of pumping

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

Form: OLWR-SWR-1B

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 SEP 15 2011
 BY: OLWR