

### 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)

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 9-22-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-59  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Pruet Production</u>	Latitude: <u>32° 21' 55"</u> Longitude: <u>90° 27' 20"</u>
Mailing Address: <u>217 W Capitol St</u> <u>Jackson MS 39201</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW ¼ NE ¼ Sec 13</u> Twn <u>6N</u> Rng <u>3W</u>
Telephone No. ( ) _____	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Clinton</u>

**Well Data**

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

Date well drilling started: 9-19-08 Date well drilling completed: 9-22-08

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 9-22-08

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

Hole depth: 263 Well depth: 250 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 70 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 180 feet to 250 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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OCT 20 2008  
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: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 9-22-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-59  
 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>Ruet Production</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>217 W Capitol St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Jackson MS 39201</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>13</u> T <u>6N</u> R <u>3W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>W</u> of <u>Clinton</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input checked="" type="radio"/> Diesel Engine
<input type="radio"/> Bucket	<input type="radio"/> Gasoline Engine
<input type="radio"/> Centrifugal	<input type="radio"/> Hand
<input type="radio"/> Other (specify): _____	<input type="radio"/> Natural Gas
Date Pump Installed: <u>9-22-08</u>	<input type="radio"/> Tractor PTO
Rated Pump Capacity: _____ Gallons Per Minute	Windmill _____ Other (specify): _____
	Horse Power Rating of Motor: _____
	Setting Depth: <u>200</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-22-08</u>	Air Line _____ <input checked="" type="radio"/> Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of _____
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>100</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 0-679      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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OCT 20 2008

BY: OLWR