

Horton Farms 36-5 #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)

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 10-9-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: V-131  
 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**  
 Owner Name: Ruet Production  
 Mailing Address: 217 W Capitol St  
Jackson MS 39201  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: 32° 03' 36" Longitude: 90° 15' 36"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 NW 1/4 Sec 36 Twn 3N Rng 1W  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
3 Miles SE of Terry

**Well Data**  
 Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply  
 Date well drilling started: 10-8-08 Date well drilling completed: 10-9-08  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 40 feet above or below (circle one) land surface Date measured: 10-9-08  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 280 Well depth: 270 Well grouted to a depth of 20 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 210 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: .004, .20 inches Setting depth: From 210 feet to 270 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 30 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: V-131  
 Elevation: \_\_\_\_\_

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 10-9-08  
*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	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>36</u> T <u>3N</u> R <u>1W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>10-9-08</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-9-08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>75</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>75</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 30 2008

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