

GH 14-9 #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 #: A-118  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 12-5-08

**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>EOB Resources</u>   | Latitude: <u>31° 44' 52"</u> Longitude: <u>89° 52' 30"</u>  |
| Mailing Address: <u>6101 S Broadway ste 100</u><br><u>Tyler TX 75701</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                 | <u>NE 1/4 SE 1/4</u> Sec <u>14</u> Twn <u>9N</u> Rng <u>19W</u>                                     |
| Telephone No. ( ) _____  | Distance <u>10</u> Miles <u>N</u> of <u>Prentiss</u>  |

**Well Data**

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

Date well drilling started: 12-4-08 Date well drilling completed: 12-5-08

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

Static Water Level: 9 feet above or below (circle one) land surface Date measured: 12-5-08

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

Hole depth: 70 Well depth: 60 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .020 inches Setting depth: From 40 feet to 60 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 A-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

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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 #: A-118  
 Elevation: \_\_\_\_\_

County: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 12-5-08  
*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>EOB Resources</u>        | Latitude: _____ Longitude: _____                           |
| Mailing Address: <u>6101 S Broadway</u> | Method of Lat/Long (check one): Conventional Survey _____  |
| <u>Tyler TX 75701</u>                   | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____   | _____ 1/4 _____ 1/4 Sec <u>14</u> T <u>9N</u> R <u>19W</u> |
| Telephone No. (____) _____              | Distance _____ Direction _____ Nearest Town _____          |
|   | <u>10</u> Miles <u>N</u> of <u>Prentiss</u>                |

| Pump Type<br>Circle one                           | Power Type<br>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>5</u>               |
| Date Pump Installed: <u>12-5-08</u>               | Setting Depth: <u>40</u> feet                       |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: _____                             |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one       |
|--|---|
| Date Well Tested: <u>12-5-08</u>                           | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>9</u> Feet Below Land Surface   | Other (specify): _____                              |
| Pumping Water Level (B): <u>30</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface    | Well yielded <u>85</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>85</u> Gallons Per Minute            | <u>21</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  
 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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 DEC 09 2008  
 BY: OLWR