

# STATE WELL REPORT

265

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 5-21-19

**Part 1  
 Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: C 250  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Venture Oil &amp; Gas</u>	Latitude: <u>31-45-56</u> Longitude: <u>89 06 25.8</u>
Mailing Address: <u>207 S 13th Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lavel</u> MS <u>39440</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE</u> <input checked="" type="checkbox"/> <u>NW</u> <input checked="" type="checkbox"/> Sec <u>9</u> T <u>9N</u> R <u>11W</u> <input checked="" type="checkbox"/>
Telephone No. (601) <u>428 7725</u>	<u>3</u> Miles <u>NNE</u> of <u>Lavel</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-21-19 Date drilling completed: 5-21-19 Hole depth: 66' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: well water

Method of dosing and volume of Chlorine used in drilling and development: Tabs 500ppm

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well   Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): High Supply

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

Static Water Level: 12 feet  above or  below land surface Date measured: 5-21-19  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Sonic

Well depth: 66' Well grouted to a depth of: 20 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 46 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: .010 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

RECEIVED  
 JUN 26 2019  
 BY OLWR

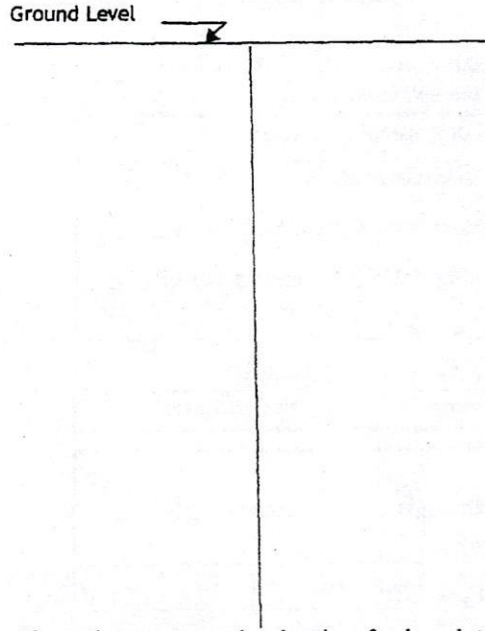


County: SONES  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 6250

The sketch below only required for water wells

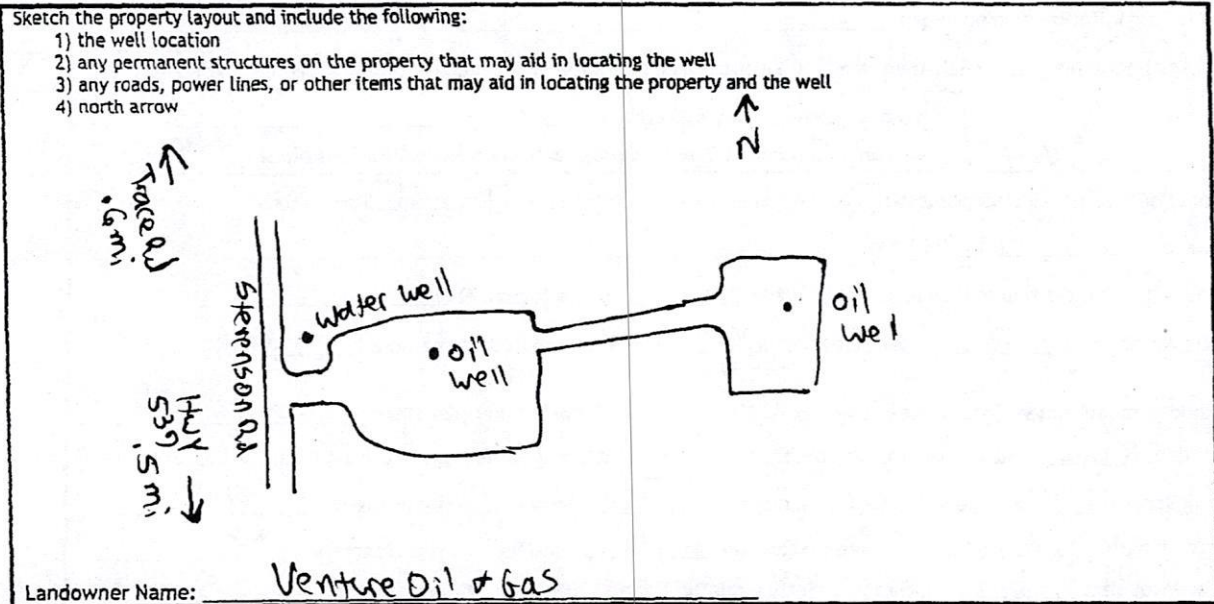
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	11
Sand	11	65
Sandstone	65	66

If more than one screen, show location of each on sketch



I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

David West 0-67a      6-5-19      David R. West  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: C250  
 Aquifer: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 5-21-19  
*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>Venture Oil &amp; Gas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>209 S 13th Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Laurel</u> <u>MS</u> <u>39440</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4, Sec 9 T 9N R 11W</u>
Telephone No. ( <u>601</u> ) <u>428-0925</u>	<u>3</u> Miles <u>NNE</u> of <u>Laurel</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 5-21-19 Rated Pump Capacity: 50 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement  Rental

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 Setting Depth: 55 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David West 0672 6-5-19 David West  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer