

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 #: D-193
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 11-11-06

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>Parr Minerals</u>	Latitude: <u>31° 47' 45"</u> Longitude: <u>88° 57' 05"</u>
Mailing Address: <u>509 Market St suite 300</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW ¼ NE ¼ Sec 36 Twn 10N Rng 10W</u>
Telephone No. () _____	Distance: <u>4</u> Miles Direction: <u>E</u> of Nearest Town: <u>Sandersville</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>	
Date well drilling started: <u>11-8-06</u>	Date well drilling completed: _____
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>157</u> feet above or below (circle one) land surface Date measured: <u>11-11-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>583</u> Well depth: <u>570</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one) Cement <u>Bentonite</u> Mix	
Casing length: <u>530</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slatted</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>530</u> feet to <u>570</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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.	
<u>John W Thompson 0-679</u>	<u>John W Thompson</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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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: Jones
 Permit #: _____
 Driller: John W Thompson
 Date completed: 11-11-06

For Office Use Only:

Aquifer: _____
 Well #: D-193
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Par Minerals</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>509 Market St suite 300</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>10N</u> Rng <u>10W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>E</u> of <u>Sandersville</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>11-11</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>7 1/2</u> Setting Depth: <u>220</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-11-06</u>	<input checked="" type="checkbox"/> <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>157</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>175</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</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>18</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

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