

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 #: G-58
L. S. Elevation: _____
B-log #: _____

County: Lawrence Co., MS
Permit #: MIA
Driller: Tom Griffith Water Well
Date drilling completed: 7/4/07

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>Ventex Corp.</u>	Latitude: <u>31° 31' 36"</u> Longitude: <u>90° 06' 49"</u>
Mailing Address: <u>3500 Oak Lawn</u> <u>Suite 720</u> <u>Dallas TX 75219</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 32 Twn 7N Rng 11E</u>
Telephone No. () _____	Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Monticello, MS</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Big Supply</u>	
Date well drilling started: <u>7/2/07</u> Date well drilling completed: <u>7/4/07</u>	
If flowing, method of flow regulation: Valve <u>MIA</u> Other (describe) _____	
Static Water Level: <u>600</u> feet above or below (circle one) land surface Date measured: <u>7/4/07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Line</u>	
Hole depth: <u>400</u> Well depth: <u>400</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>300</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>5th 40 POC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>POC slotted</u>	
Screen slot size: <u>0.010</u> inches Setting depth: From <u>300</u> feet to <u>400</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: <u>MIA</u> 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: <u>NO</u>	
Name of organization running log(s): <u>MIA</u>	
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.	
Print Name of Water Well Contractor and License No. <u>Tom Griffith Water Well + Concl., Inc 0-402</u>	Signature of Water Well Contractor: <u>[Signature]</u>

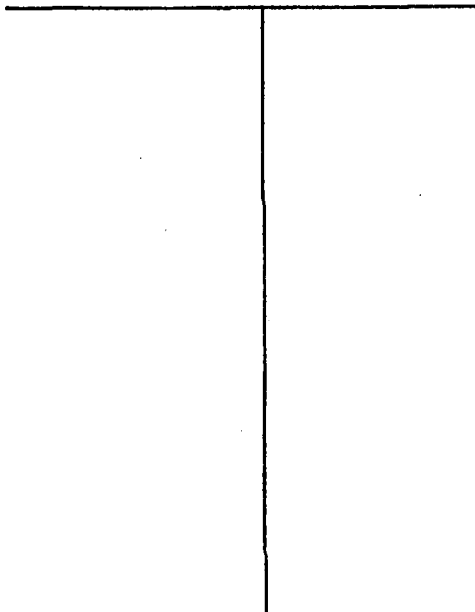
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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay Fill	0	10
Clay Block	10	72
Sand & gravel	72	95
Clay gumbo	95	340
Sand & Pea Gravel	340	420

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: _____

[Signature]
 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: Lawrence Co., MS
 Permit #: N/A
 Driller: Tom Griffith Water Well
 Date completed: 7/14/07

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 #: G-58
 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>Vertex Corp.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3500 Oak Lawn</u> <u>Suite 720</u> <u>Dallas TX 75219</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>7N</u> Rng <u>11E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Monticello, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>231</u> feet Number of Stages: <u>10</u>
Date Pump Installed: <u>7/14/07</u>	
Rated Pump Capacity: <u>80</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/14/07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>600</u> Feet Below Land Surface	Other (specify): <u>line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>75</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Tom Griffith Water Well 0-402 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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