

Emission Capable #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)

For Office Use Only:

Aquifer: _____
Well #: H 26
L. S. Elevation: _____
E-log #: _____

County: Madison
Permit #: _____
Driller: John W Thompson
Date drilling completed: 6-24-10

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>Tellus Operating</u>	Latitude: <u>32° 41' 44"</u> Longitude: <u>89° 51' 34"</u>
Mailing Address: <u>602 Crescent Plaza Ste 100</u> <u>Ridgeland MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 23 Twn 10N Rng 4E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>10</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Canton</u>
Telephone No. () _____	

Well Data

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

Date well drilling started: 6-23-10 Date well drilling completed: 6-24-10

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 6-24-10

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

Hole depth: 163 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 0.080 inches Setting depth: From 100 feet to 140 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

RECEIVED
JUN 30 2010
BY: OLWR

H

If well telescopes please sketch below and show depths.

Ground Level

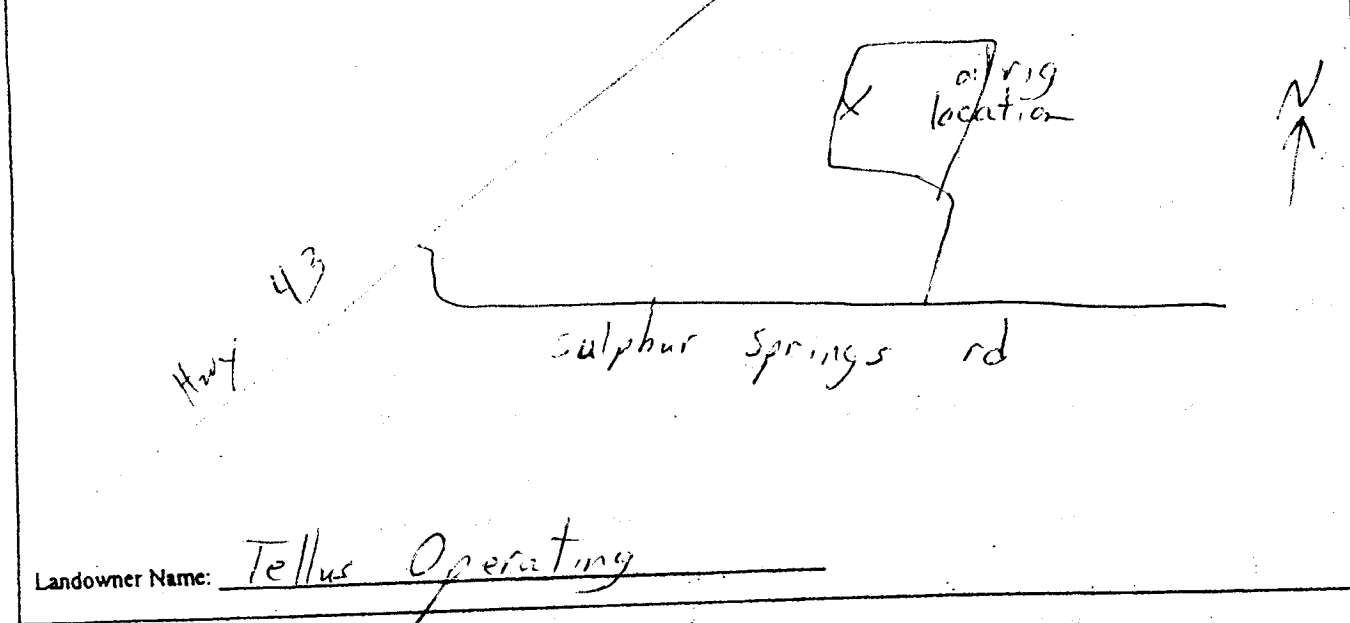
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
white clay	0	40
blue clay	40	93
sand	93	140
clay	140	163

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.



Don W. Thompson
Signature of Water Well Contractor

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: Madison
 Permit #: _____
 Driller: John W Thompson
 Date completed: 6-24-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H 26
 Elevation: _____

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>Tellus Operating</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Crescent Plaza Ste 107</u> <u>Kidysland MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 SW 1/4 Sec 23 T 10N R 4E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>10 Miles NE of Canton</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>6-24-10</u>	Setting Depth: <u>60</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>6-24-10</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>26</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>4</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>4</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

RECEIVED

JUN 30 2010

BY: OLWR