

Pearl River Valley 13-10 # 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 #: U-33  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Madison  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 3-17-07

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>Greywolf Drilling</u>	Latitude: <u>32° 31' 57"</u> Longitude: <u>89° 56' 38"</u>
Mailing Address: <u>333 Texas St suite 925</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 13 Twn 8N Rng 3E</u>
Telephone No. ( ) _____	Distance: <u>5</u> Miles Direction: <u>E</u> of Nearest Town: <u>Deerfield</u>

**Well Data**

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

Date well drilling started: 3-16-07 Date well drilling completed: 3-17-07

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

Static Water Level: 92' feet above or below (circle one) land surface Date measured: 3-17-07

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

Hole depth: 463 Well depth: 450 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 370 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 370 feet to 450 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  
MAR 26 2007  
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
clay	0	15
sand	15	30
clay	30	105
sand	105	143
clay	143	258
fine sand	258	400
fine-medium sand	400	450
clay	450	463

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: Greywolf Drilling

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: 3-17-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: U-33  
 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>Greywolf Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>333 Texas St suite 925</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>13</u> Twn <u>8N</u> Rng <u>3E</u>
Telephone No. ( ) _____	Distance                      Direction                      Nearest Town <u>5</u> Miles <u>E</u> of <u>Deerfield</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift                      Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket                      Piston                      Turbine <input type="checkbox"/> Centrifugal                      Rotary                      Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine                      Gasoline Engine                      Natural Gas <input checked="" type="checkbox"/> Electric Motor                      Hand                      Tractor PTO <input type="checkbox"/> Windmill                      Other (specify): _____
Date Pump Installed: <u>3-17-07</u>	Horse Power Rating of Motor: <u>7 1/2</u>
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Setting Depth: <u>150</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-17-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>92</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>101</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	<u>9</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>100</u> Gallons Per Minute	
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

RECEIVED

MAR 26 2007

BY: OLWR