

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)

County: Marion
 Permit #: _____
 Driller: John W Thompson
 Date drilling completed: 1-24-07

For Office Use Only:
 Aquifer: _____
 Well #: D-79
 L. S. Elevation: _____
 E-log #: _____

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>Gungoll</u> | Latitude: <u>31° 21' 01"</u> Longitude: <u>89° 43' 01"</u> |
| Mailing Address: <u>PO Box 18466</u> <u>Oklahoma City, OK 73152</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>NE 1/4 SW 1/4 Sec 33</u> Twn <u>5N</u> Rng <u>17W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Improve</u> |

Well Data

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

Date well drilling started: 1-23-07 Date well drilling completed: 1-24-07

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

Static Water Level: 119 feet above or below (circle one) land surface Date measured: 1-24-07

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

Hole depth: 243 Well depth: 240 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .020 inches Setting depth: From 220 feet to 240 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): _____

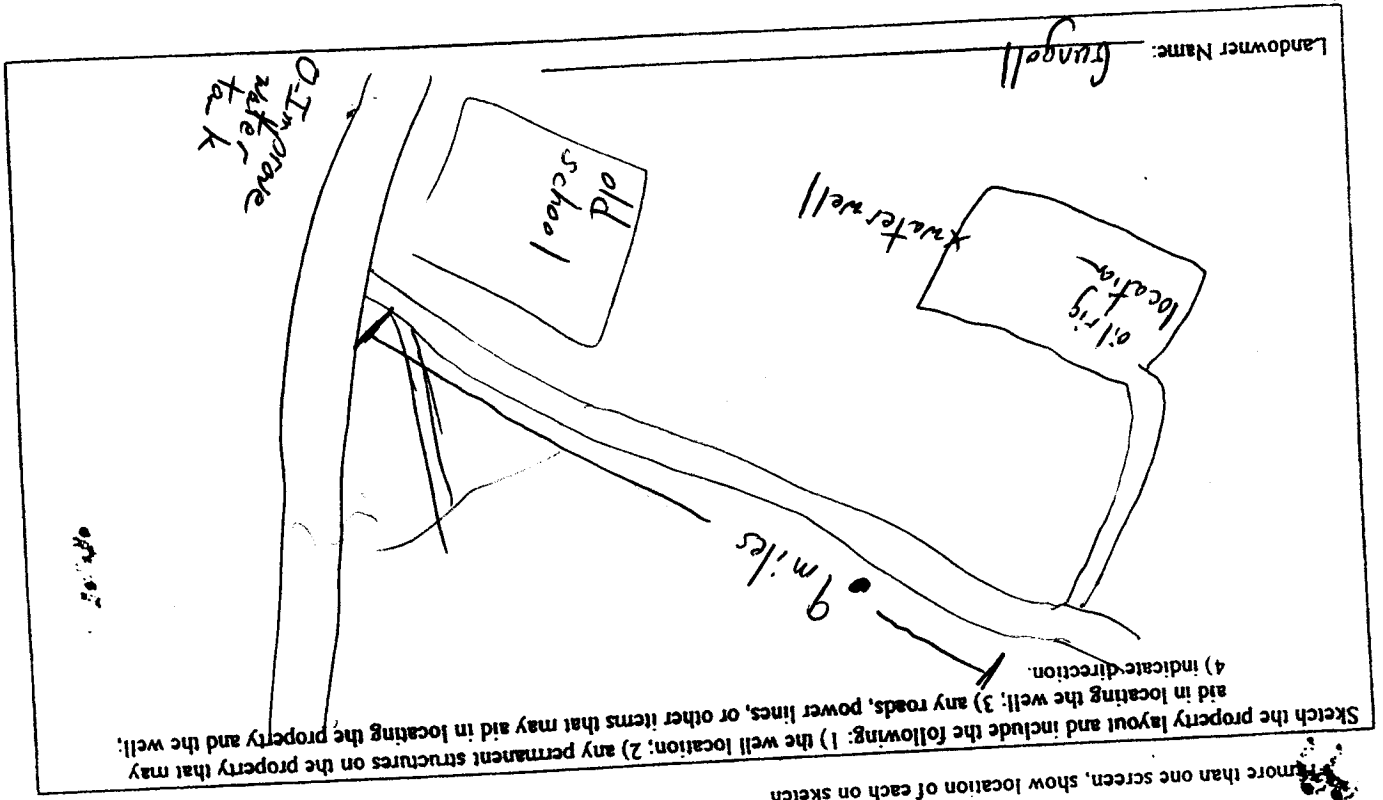
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679
 Print Name of Water Well Contractor and License No. John W Thompson
Signature of Water Well Contractor

Signature of Water Well Contractor

[Handwritten Signature]

Landowner Name: *Gungell*



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

Ground Level

If well telescopes please sketch below and show depths.

| Description of Formations Encountered | | From | To |
|---------------------------------------|-----|------|-----|
| clay | 0 | 30 | 60 |
| sand & clay strips | 30 | 60 | 155 |
| sand | 60 | 155 | 190 |
| clay | 155 | 190 | 220 |
| fine sand | 190 | 220 | 248 |
| coarse sand | 220 | 248 | |

D-

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: Marion
Permit #: _____
Driller: John W Thompson
Date completed: 1-24-07

For Office Use Only:

Aquifer: _____
Well #: D-79
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>Gungoll</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>PO Box 18466</u> <u>Oklahoma City, OK 73154</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>33</u> Twn <u>5N</u> Rng <u>17W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>NW</u> of <u>Improve</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): _____ | <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>180</u> feet Number of Stages: _____ |
| Date Pump Installed: <u>1-24-07</u> | |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>1-24-07</u> | <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ |
| Static Water Level (A): <u>119</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Pumping Water Level (B): <u>137</u> Feet Below Land Surface | Well yielded <u>80</u> GPM with a drawdown of |
| Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface | <u>18</u> feet after <u>4</u> hours of pumping |
| Test Pumping Rate: <u>80</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 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer