

# 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: D 112  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pearl River  
Permit #: \_\_\_\_\_  
Driller: AL HARRINGTON  
Date drilling completed: 12/16/10

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>Par Minerals Corp</u>	Latitude: <u>30° 57' 18"</u> Longitude: <u>89° 22' 33"</u>
Mailing Address: <u>509 Market St. Suite 300</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shreveport LA 71101-3275</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 15 Twn 15 Rng 14 N</u>
Telephone No. ( )	Distance Direction Nearest Town <u>5 Miles SE of Lumberton</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Rig Supply well

Date well drilling started: 12/16/10 Date well drilling completed: 12/16/10

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

Static Water Level: 57' feet above or below (circle one) land surface Date measured: 12/16/10

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

Hole depth: 180' Well depth: 180' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 160' feet to 180' 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.

AL HARRINGTON #0-564 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JAN 27 2011  
BY: OLWR





# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Pearl River  
 Permit #: \_\_\_\_\_  
 Driller: AL HARRINGTON  
 Date completed: 12/16/10

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 Corp</u> Mailing Address: <u>509 Market St</u> <u>Suite 300</u> <u>Shreveport La 71101-3275</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone No. ( ) _____	Latitude: <u>30° 57' 18"</u> Longitude: <u>-89° 22' 33"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE ¼ SE ¼ Sec 15 Twn 19 Rng 14W</u> Distance      Direction      Nearest Town <u>5 Miles</u> <u>SE</u> of <u>Lumberton,</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>12/16/10</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5 HP</u> Setting Depth: <u>120'</u> feet Number of Stages: <u>55 GPM Pump end</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/16/10</u> Static Water Level (A): <u>57'</u> Feet Below Land Surface Pumping Water Level (B): <u>7/20'</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line      Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

AL HARRINGTON #0-564      Al Harrington  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 JAN 27 2011  
 BY: OLWR