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Dunn 25-12 #I	CTATE MELL DEDODT	
D	STATE WELL REPORT Part 1	For Office Use Only:
County: Yerry	Driller's Log	Well #: <u>B164</u>
Permit #:	Mississippi Department of Environmental Quality	Aquifer:
Driller: John W Thompson	Office of Land and Water Resources P.O. Box 2309	E-Log #:
Date drilling completed: 5-10-13	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report	be prepared by the license holder responsible for t	he work and filed with the
	within 30 days of completion of drilling of the well	
Well Owner Informat (Landowner if borehole is not for	· · · · · · · · · · · · · · · · · · ·	chole Location
Owner Name: Petro Harves	a water well) Latitude: 31° 2150.7" Lor	ngitude: 00 07 3 1 3 2 3 2
Mailing Address: 2600 Network		): Conventional Survey,
Frisco TX 750	24 USGS quad, Hand-held G	PS, Survey-grade GPS
111360 17 130	5W 16 5W 16 car	25 T 5N / R YOW
City State	Zip Code	
•	(8) (8) (8) (8)	(Nearest Town)
Telephone No. ()		
[11 12	Well / Borehole Data	2 7"
	drilling completed: $6-10-13$ Hole depth: $28$	
Location of the source of any surface v	vater used for drilling: <u>Local Cree</u>	<u> </u>
Method of dosing and volume of Chlori	ne used in drilling and development: added	8 gallon chloroxbled
	ua Electric Gamma Ray Density Sonic Neutro	
Name of organization running log(s): _		
Purpose of borehole (circle one): Water	Well Geotechnical/Geological Investigation	Ground Source Heat Pump
	ic Survey Other (describe)	
	ated to water well construction, skip the remainder	
Purpose of Well (circle all applicable):		Fish Culture
Other (describe):	<i>0</i> / <sub>2</sub>	
——————————————————————————————————————	ation: Valve Other (describe)	
1 a flowing well, method of flow regul	ation. valve other (describe)	5-10-13
Static Water Level:feet	[above or below] land surface Date measured	
Method of measurement (circle one): S	Steel tape (describe)	· <del>, </del>
Well depth: 240 Well grouted to a	depth of: 20 feet Type of grout (circle one):	Neat Cement Bentonite Mix
11 ^	asing diameter:inches Type of	//11/
C/1		screen: PVC Slotted
Screen slot size:		711A
<del></del>		
Type of completion (circle all applicable	e): Gravel packed Underreamed Open hole	Natural Development
Other (describe):		

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: \_\_\_\_\_feet

RV- CIV

m	J		L	•	
The sketch below only required j		Description of formation and boreholes, unless s	ns encountered	must be provid	led for all wells
If well telescopes, show depths of	n sketch.				
Ground Level	[	Description of Formations  Ted cla		From (depth) Ground level	To (depth)
		sand & clay	7	10	90
		clay/		90	140
	ŀ	Clay & sar	d strips	140	160
		clay	<u> </u>	240	283
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	F		· · · · · · · · · · · · · · · · · · ·		
If more than one screen, show location	of each on sketch				
Sketch the property layout and include 1) the well location 2) any permanent structures on the	nroperty that may aid in	locating the well	)		1/
<ul><li>1) the well location</li><li>2) any permanent structures on the</li><li>3) any roads, power lines, or other</li><li>4) north arrow</li></ul>	e property that may aid in items that may aid in loc  Mu  1.6 mi	locating the well ating the property and the berry st	<b>=</b>   1	Barth Wy 15	N N
1) the well location 2) any permanent structures on the 3) any roads, power lines, or other 4) north arrow  Landowner Name: Petro Hace	rig  rivester	tu	7. H		N N
1) the well location 2) any permanent structures on the 3) any roads, power lines, or other 4) north arrow	rig  rivester	tu	7. H		able regulations,

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## STATE WELL REPORT

## County: Perr Permit #: Date completed: <u>5-10-13</u>

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309 Jackson, MS 39225-2309

For Office Use Only:				
Well #:	B104			
Aquifer:				

	) 360-0535 (fax)				
·					
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: Petro Harvester	Latitude: 31°21'50.7' Longitude: 88°57'31.8"				
Mailing Address: 2600 Network Blvd ste 400	Method of Lat/Long (check one): Conventional Survey,				
Frisco TX 75034	USGS quad, Hand-held GPS, Survey-grade GPS				
•	14 14. Sec 25 T 5 N R 10 2				
City State Zip Code	Miles NW of Richton (Distance) (Direction) (Nearest Town)				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Typ	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 5-10-13 Rated Pump Capacity: 25 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement					
	pe (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):					
Horse Power Rating of Motor:3 Setting Dept	h: 160 feet Number of Stages:				
Pump Test Data for Non Flowing Well					
Date Well Tested: 5-10-13 Duration of Pump Test (minimum 4 hours): 4 hours					
Static Water Level (A): <u>69</u> Feet Below Land Surface Pumping Water Level (B): <u>137</u> Feet Below Land Surface					
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate: Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):					
Pump Test Data for Flowing Well					
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter Installation					
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name: Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):					
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacement					
Important: By submitting the above information you are certifying that this meter was installed to manufacture manufacture to the manufacture provided in the manufacture					
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
John W Thompson 679 5-31-13 John W Thompson					
Print Name of Pump Installer and License No. (if applicable)  Date  Signature of Pump Installer					
	Form: OLWR-SWR-1B (4/13)				