

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 #: C-41
L.S. Elevation: _____
E-log #: _____

County: Rankin
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 6-20-05

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: _____ Longitude: _____
Mailing Address: <u>333 Texas St Suite 925</u> <u>Shreveport, LA</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>2</u> Twn <u>7N</u> Rng <u>3E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SW</u> of <u>Goshen Springs</u>

Well Data

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

Date well drilling started: 6-16-05 Date well drilling completed: 6-20-05

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 6-21-05

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

Hole depth: 520 Well depth: 520 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 480 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 480 feet to 520 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 0-0679
Print Name of Water Well Contractor and License No.

John W. Thompson
Signature of Water Well Contractor

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JUN 27 2005
BY: OLWR

C-41

If well telescopes please sketch below and show depths.

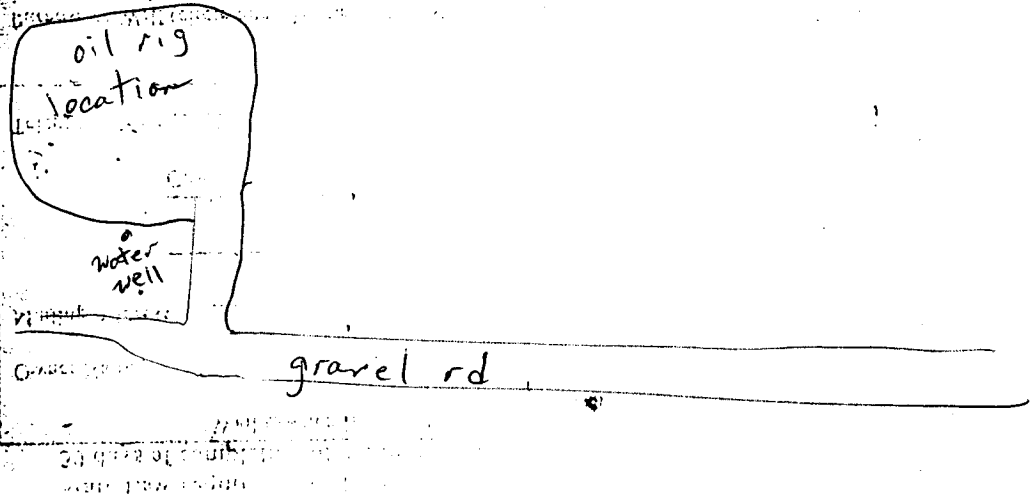
Ground Level

1. Well depth
2. Screen depth
3. Casing depth
4. Drive pipe depth
5. Well casing
6. Drive pipe
7. Well casing
8. Drive pipe
9. Well casing
10. Drive pipe
11. Well casing
12. Drive pipe
13. Well casing
14. Drive pipe
15. Well casing
16. Drive pipe
17. Well casing
18. Drive pipe
19. Well casing
20. Drive pipe

Description of Formations Encountered	From	To
<i>clay</i>	<i>0</i>	<i>15</i>
<i>fine sand</i>	<i>15</i>	<i>25</i>
<i>clay</i>	<i>25</i>	<i>220</i>
<i>sand</i>	<i>220</i>	<i>520</i>

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: _____

John 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)

For Office Use Only:

Aquifer: _____

Well #: C-41

Elevation: _____

County: Rankin
Permit #: _____
Driller: John V. Thompson
Date completed: 6-21-05

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</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>2</u> Twn <u>7N</u> Rng <u>3E</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SW</u> of <u>Cosher Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>6-21-05</u>	Setting Depth: <u>180</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>6-21-05</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>145</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</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>30</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 0-0679
Print Name of Pump Installer and License No. (if applicable)

John V. Thompson
Signature of Pump Installer

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