

State Well Report

Part 1

County: Simpson Co., MS  
Permit #: N/A  
Driller: Tom Griffith Water Well  
Date drilling completed: 10/24/07

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 #: Q-65  
L. S. Elevation: \_\_\_\_\_  
B-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>Ventex Corporation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3500 Oak Lawn</u> <u>Suite 720</u> <u>Dallas TX 75219</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 4 _____ 4 Sec <u>26</u> Twn <u>10N</u> Rng <u>19W</u>
Telephone No. ( ) _____	Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Mendenhall, MS</u>

Well Data

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

Date well drilling started: 10/27/07 Date well drilling completed: 10/28/07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 280' Well depth: 280' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4" inches Type of casing: Sub 40 PC

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

Screen slot size: 0.010 inches Setting depth: From 240 feet to 280 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: N/A 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: NO

Name of organization running log(s): N/A

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.

Tom Griffith Water Well & Pond, Inc <sup>0-402</sup> \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
AUG 01 2007  
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 #: Q-65  
 Elevation: \_\_\_\_\_

County: Simpson Co., MS  
 Permit #: N/A  
 Driller: Tom Griffith Water Well  
 Date completed: 6/28/07

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>Ventex Corp.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3500 Oak Lawn</u> <u>Suite 770</u> <u>Dallas TX 75219</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>26</u> Twn <u>10N</u> Rng <u>19W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>9</u> Miles <u>South of Mendenhall, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>6/28/07</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/28/07</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Tom Griffith Water Well 0-402  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
 AUG 01 2007  
 BY: OLWR