

Stampede 32-3#1

County: Smith
Permit #: _____
Driller: John W Thompson
Date drilling completed: 3-23-09

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 #: J. 44
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>Tellus Operating</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 14408</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Jackson MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>2N</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>SW</u> of <u>Raleigh</u>

Well Data

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

Date well drilling started: 3-23-09 Date well drilling completed: 3-23-09

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 3-23-09

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

Hole depth: 115 Well depth: 110 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 0.020 + .00 inches Setting depth: From 0.020 (80-100) feet to 0.010 (100-110) 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.

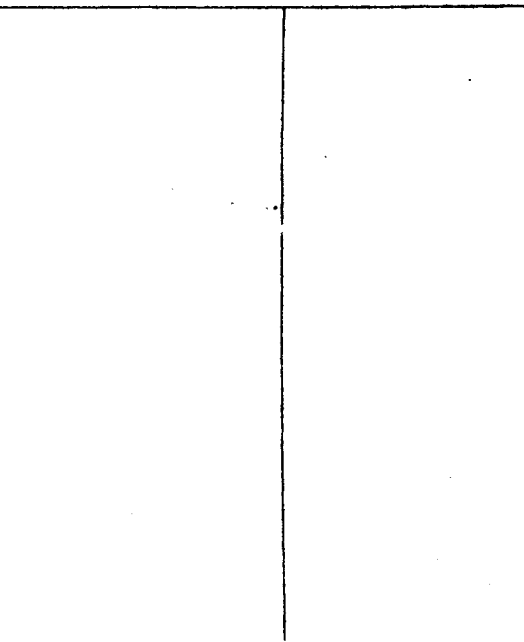
John W Thompson
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths

J. 44

Ground Level



Description of Formations Encountered	From	To
clay + rock strip	0	50
sand + clay	50	80
sand	80	110
clay	110	115

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: Tellus Operating

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)

County: Smith
Permit #: _____
Driller: John W Thompson
Date completed: 3-23-09
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: J-49
Elevation: _____

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: <u>Tellus Operating</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 14108</u> <u>Jackson MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec <u>32</u> T <u>2N</u> R <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SW</u> of <u>Raleigh</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Centrifugal Other (specify): _____ Date Pump Installed: <u>3-23-09</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well <input type="radio"/> Diesel Engine <input checked="" type="radio"/> Electric Motor <input type="radio"/> Windmill Horse Power Rating of Motor: _____ Setting Depth: <u>60</u> feet Number of Stages: _____
<input type="radio"/> Piston <input type="radio"/> Rotary	<input type="radio"/> Gasoline Engine <input type="radio"/> Hand <input type="radio"/> Other (specify): _____
<input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-23-09</u>	<input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Air Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>37</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>7</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 0-679
Print Name of Pump Installer and License No. (if applicable)

John W Thompson
Signature of Pump Installer

Form: OLWR-SWR-1B

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