

Stampede 31-8#1

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-45
L. S. Elevation: _____
E-log #: _____

County: Smith
Permit #: _____
Driller: John W Thompson
Date drilling completed: 3-24-09

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 14108</u> <u>Jackson MS</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>31</u> Twn <u>2N</u> Rng <u>7E</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>SW</u> of Nearest Town: <u>Raleigh</u> |

Well Data

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

Date well drilling started: 3-24-09 Date well drilling completed: 3-24-09

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

Static Water Level: 31 feet above of below (circle one) land surface Date measured: 3-24-09

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

Hole depth: 135 Well depth: 130 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC slotted

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

Screen slot size: 0.020 + 0.010 inches Setting depth: From 0.020 (100-120) feet to 0.010 (120-130) 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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APR 07 2009
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 #: J-45
 Elevation: _____

County: Smith
 Permit #: _____
 Driller: John W Thompson
 Date completed: 3-24-09
Copy information from block on Part 1

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> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Jackson MS</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>31</u> T <u>2N</u> R <u>7E</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>6</u> Miles <u>SW</u> of <u>Raleigh</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>5</u> |
| Date Pump Installed: <u>3-24-09</u> | Setting Depth: <u>60</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>3-24-09</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>31</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>43</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>12</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>12</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

John W Thompson 0-677 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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