

Johnson 20-2 #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 #: Q64  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 8-25-11

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>Sklar Exploration</u>	Latitude: <u>31.49.34.8"</u> Longitude: <u>89.31.29.4"</u>
Mailing Address: <u>401 Edwards St ste 1601</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (circle one): Conventional Survey, <sup>35</sup> <sub>29</sub>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. ( ) _____	NE 1/4 NE 1/4 Sec <u>20</u> Twn <u>10N</u> Rng <u>15W</u>
	Distance: <u>3</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Mize</u>

**Well Data**

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

Date well drilling started: 8-24-11 Date well drilling completed: 8-25-11

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

Static Water Level: 61' feet above of below (circle one) land surface Date measured: 8-25-11

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

Hole depth: 423 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 120 feet to 180 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.

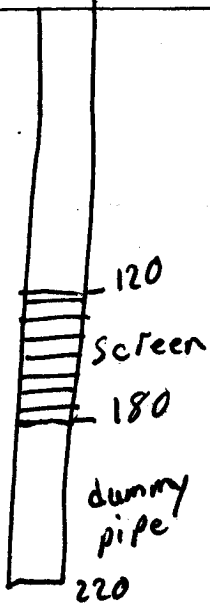
John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor

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SEP 1 2011  
STATE OF MISSISSIPPI

If well telescopes please sketch below and show depths.

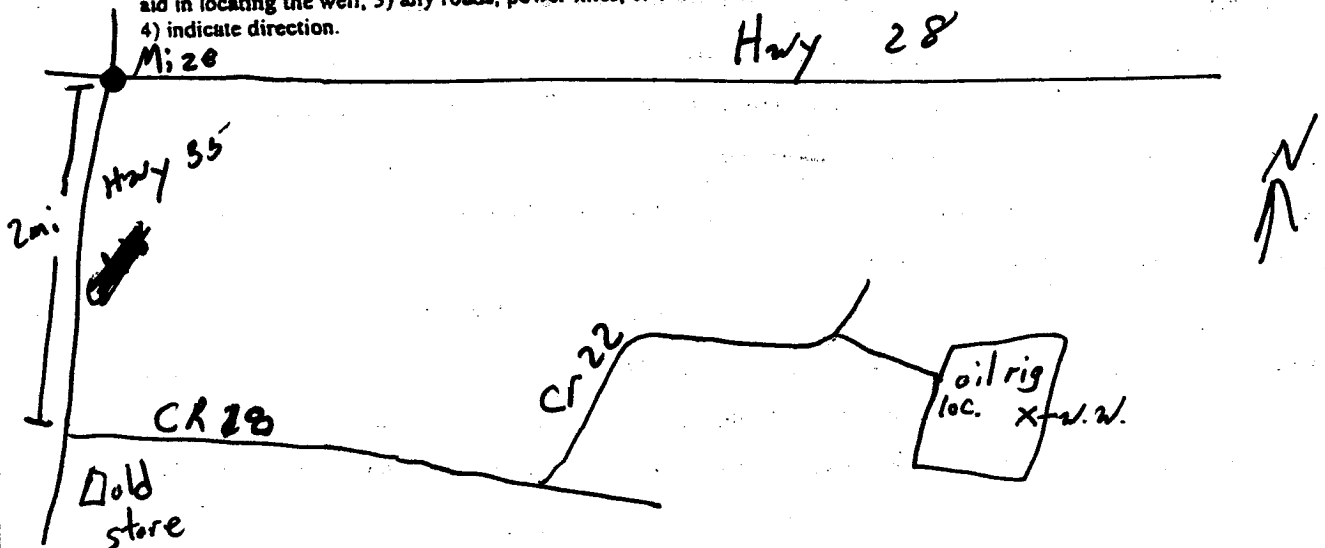
Ground Level



Description of Formations Encountered	From	To
sandy clay	0	20
sand	20	65
clay	65	115
sand	115	190
clay rock & sand	190	203
sandy clay	203	223
clay	223	280
sand & clay strips	283	420

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: Sklar Exploration

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: 8-25-11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 964  
 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>Sklar Exploration</u>	Latitude: <u>N31°49'34.8"</u> Longitude: <u>W89°31'29.4"</u>
Mailing Address: <u>401 Edwards St. ste 1601</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE</u> ¼ <u>NE</u> ¼ Sec <u>20</u> T <u>10N</u> R <u>15N</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>SE</u> of <u>Mize</u>
Telephone No. (____) _____	

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>8-25-11</u>	Setting Depth: <u>120</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>8-25-11</u>	<input checked="" type="radio"/> <u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>61</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>97</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36</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>36</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) Signature of Pump Installer