

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 #: F119
L. S. Elevation: _____
E-log #: _____

County: Walthall
Permit #: _____
Driller: _____
Date drilling completed: 1-26-12

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 Corp.</u>	Latitude: <u>31°10'05.26"N</u> Longitude: <u>90°02'27.33"W</u>
Mailing Address: <u>3500 Oakham</u> <u>ste 720</u>	Method of Lat/Long (circle one): Conventional Survey, <u>27</u>
<u>Dallas Tx 75219</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>11E</u>
Telephone No. <u>817 832 5260</u>	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>61</u> Twn <u>2N</u> Rng <u>12E</u>
	Distance <u>4</u> Miles <u>NE</u> Direction of <u>Tyler town, TX</u> Nearest Town <u>145</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Rig Supply</u>	
Date well drilling started: <u>1/23/2012</u> Date well drilling completed: <u>1/26/2012</u>	
If flowing, method of flow regulation: Valve <u>n/a</u> Other (describe) _____	
Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>1/26/2012</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>180</u> Well depth: <u>180</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch 40 PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>sch 40 PVC</u>	
Screen slot size: <u>0-020</u> inches Setting depth: From <u>140</u> feet to <u>180</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>n/a</u> 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): <u>n/a</u>	

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
0-402

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Tom Griffith P.

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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)

County: Walthall
Permit #: _____
Driller: Tom Griffith
Date completed: 1/26/12

For Office Use Only:

Aquifer: _____
Well #: F119
Blevation: _____

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: <u>31°10'05.26" N</u> Longitude: <u>90°02'27.33" W</u>
Mailing Address: <u>3500 Oak Lawn, Ste 770</u>	Method of Lat/Long (circle one): Conventional Survey, <u>elev. 345</u>
<u>Dallas Tx 75219</u> City State Zip Code	USGS quad, Hand-held GPS, Survey grade GPS
Telephone No. <u>817 832 5260</u>	<u>1/4</u> Sec <u>6</u> Twn <u>2N</u> Rng <u>12E</u>
	Distance Direction Nearest Town <u>11E</u>
	<u>4</u> Miles <u>NE</u> of <u>Tylertown, MS</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____
Date Pump Installed: <u>1/26/2012</u>	Horse Power Rating of Motor: <u>5</u>
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Setting Depth: <u>63</u> feet
	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/26/2012</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> Other (specify): _____
Static Water Level (A): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: <u>80</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

Tom Griffith Water Well 0-402 Tom Griffith
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

