

State Well Report

Part I

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: Walton
 Permit #: _____
 Driller: Tom Griffith
 Date drilling completed: 1/26/12

For Office Use Only:
 Aquifer: B-95
 Well #: F123
 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 Corp.</u>		Latitude: <u>31° 10' 05.26" N</u>	Longitude: <u>90° 01' 27.33" W</u>
Mailing Address: <u>3500 Oaklawn</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Ste 720</u>		USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> IIE	
<u>Dallas Tx 75219</u>		NE 1 SE 1 Sec <u>16</u> Twp <u>2N</u> Rng <u>12E</u>	
City State Zip Code		Distance <u>4</u> Miles Direction <u>NE</u> of Nearest Town <u>Lytle town, TX</u>	
Telephone No. <u>817 832 6200</u>			

Well Data

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

Date well drilling started: 1/23/2012 Date well drilling completed: 1/26/2012

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 1/26/2012

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: 5640 PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: 5640 PVC

Screen slot size: 0-020 inches Setting depth: From 140 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: 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: _____

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
0-402

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

STATE WELL REPORT

Part 2

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

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 #: F123
 Elevation: _____

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>Vortex 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>		USGS quad, Hand-held GPS, Survey grade (H/S)	
City State Zip Code		<u>4 W Sec 16 Twn 2N Rng 12E</u>	
Telephone No. <u>817 832 5260</u>		Distance Direction Nearest Town	<u>4 Miles NE of Tyler, TX</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	Traction (T/C)
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>5</u>		
Date Pump Installed: <u>1/26/2012</u>			Setting Depth: <u>63</u> feet		
Rated Pump Capacity: <u>80</u> Gallons Per Minute			Number of Stages: <u>20</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>1/26/2012</u>		Air Line	Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface		Other (specify): _____	
Pumping Water Level (B): _____ Feet Below Land Surface		For flowing well, measured static head: <u>24</u> feet	
Drawdown (B) - (A): _____ Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
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 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer