

Daws 12-9-13 elev. 375'

# 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 #: H209  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 3-14-13

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.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Venture Oil &amp; Gas</u>	Mailing Address: <u>2075 13th Ave</u> <u>Laurel MS 39440</u>	Latitude: <u>31.45.39"</u>	Longitude: <u>88.38.39"</u>
City: _____	State: _____	Zip Code: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
Telephone No. ( ) _____		USGS quad: <u>Hand-held GPS</u>	Survey-grade GPS
		NW 1/4 SE 1/4 Sec <u>42</u>	Twn <u>9N</u> Rng <u>7W</u>
		Distance <u>5</u> Miles	Direction <u>N</u> of Nearest Town <u>Waynesboro</u>

**Well Data**

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

Date well drilling started: 3-11-13 Date well drilling completed: 3-14-13

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

Static Water Level: 138' feet above or below (circle one) land surface Date measured: 3-14-13

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

Hole depth: 560 Well depth: 500 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 440 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: 0.084.010 inches Setting depth: From 440 feet to 500 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): MDEQ

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 08 2013

BY: OLWR

H204

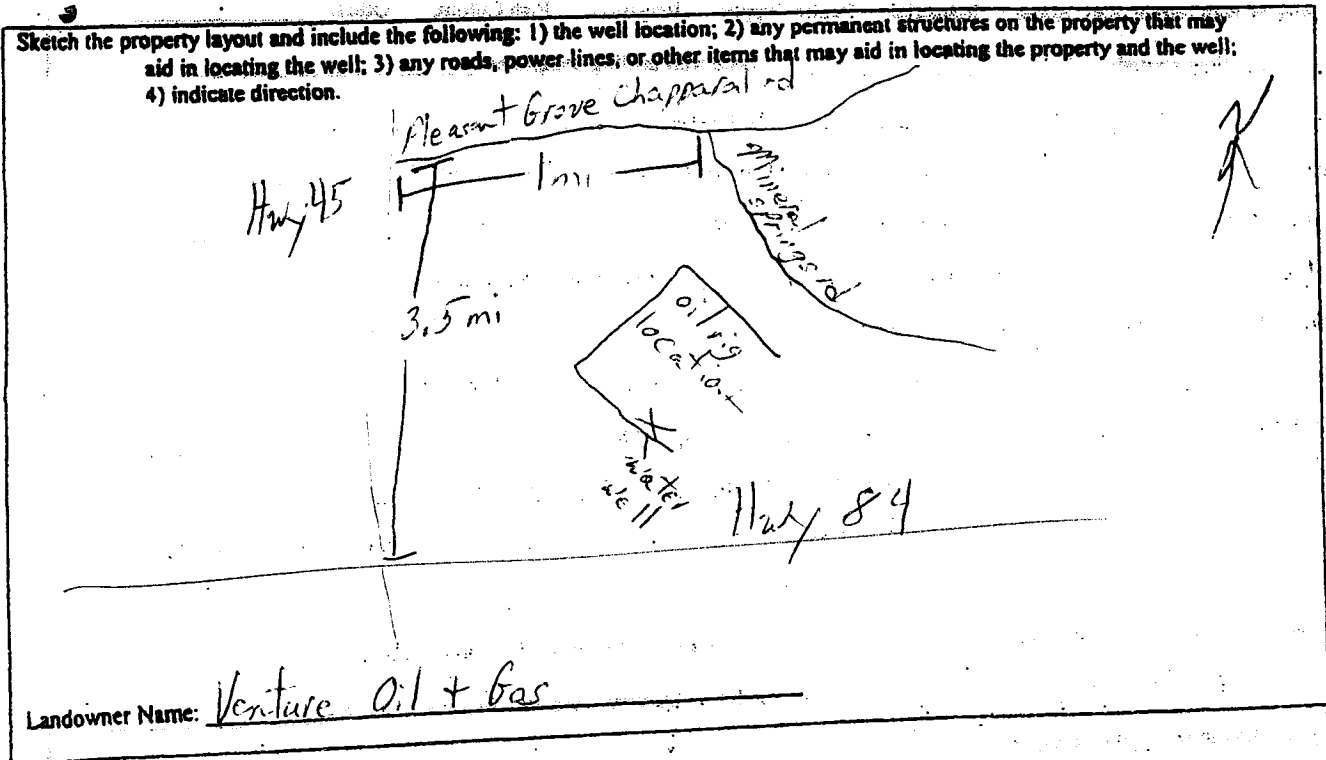
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Clay & sand strips	20	80
sand	80	100
Rock sand & clay strips	100	380
Clay & fine sand	380	400
clay	400	410
Clay & sand	410	420
sand & clay strips	420	480
sand	480	500
Clay & sand	500	540
Clay	540	560

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.



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: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 3-14-13  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H 209  
 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>Venture Oil + Gas</u>	Latitude: <u>31°45'39"</u> Longitude: <u>88°33'39"</u>
Mailing Address: <u>2075 13th Ave.</u> <u>Louis 775 39440</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>12</u> T <u>9</u> N R <u>7W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>N</u> of <u>Waynesboro</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <b>Submersible</b> _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<b>Electric Motor</b> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>3-14-13</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-14-13</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>138</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>168</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>30</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      John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form **OLWR 5011A**  
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BY: **OLWR**