

USA 1-27# 1
elev 18.9

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 #: 152
L. S. Elevation: _____
E-log #: _____

County: Wilkinson
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-27-11

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>31.17.18.9"</u> Longitude: <u>91.11.55.3"</u>
Mailing Address: <u>401 Edwards St ste 1601</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4 SE 1/4 Sec 32 27 Twn 4 N Rng 12 W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>10 Miles W of Crosby</u>

Well Data

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

Date well drilling started: 4-26-11 Date well drilling completed: 4-27-11

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

Static Water Level: 16.5 feet above or below (circle one) land surface Date measured: 4-27-11

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

Hole depth: 323 Well depth: 310 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010+.020 inches Setting depth: From 270-290 (.010) feet to 290-310 (.020) 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

John W Thompson
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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BY: OLWR

If well telescopes please sketch below and show depths

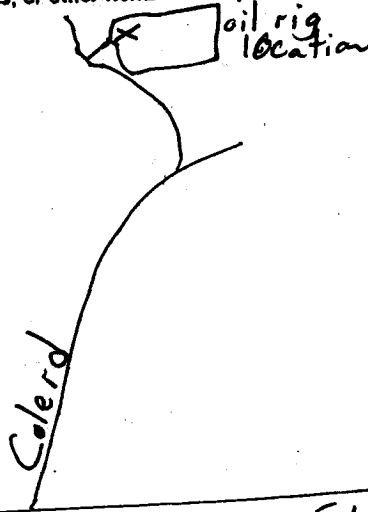
Ground Level

8 houses

Description of Formations Encountered	From	To
Clay	0	45
Sand	45	70
Clay	70	153
Sand	153	183
Clay	183	230
Sand	230	323

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.



Hwy 563

Landowner Name: Sklar Exploration

John V. Hampson
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)

For Office Use Only:

Aquifer: _____
 Well #: C52
 Elevation: _____

County: Wilkinson
 Permit #: _____
 Driller: John W Thompson
 Date completed: 4-27-11
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>Sklar Exploration</u>	Latitude: <u>31°17'28.9"</u> Longitude: <u>91°11'55.3"</u>
Mailing Address: <u>401 Edwards St ste 1601</u> <u>Shreveport LA 71101</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ²⁹ <u>SS</u>
City _____ State _____ Zip Code _____	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. (____) _____	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>32</u> T <u>4N</u> R <u>12W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>10</u> Miles <u>W</u> of <u>Crosby</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>4-27-11</u>	Setting Depth: <u>200</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>4-27-11</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>165</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</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>15</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

Form: OLWR-SWR-1B

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 MAY 3 1 2011
 BY: OLWR