

Pickens 29-11 #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: D 31
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Ya 200
Permit #: _____
Driller: John W Thompson
Date drilling completed: 3-31-10

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>Pitruvian</u> | | | Latitude: <u>32° 51' 17"</u> Longitude: <u>90° 0' 59"</u> | | |
| Mailing Address: <u>4 waterway sq ste 400</u> <u>The Woodlands TX 77380</u> | | | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City | State | Zip Code | NW ¼ SW ¼ Sec <u>29</u> Twn <u>12 N</u> Rng <u>3 E</u> | | |
| Telephone No. () _____ | | | Distance <u>2</u> Miles Direction <u>SW</u> of Nearest Town <u>Pickens</u> | | |

Well Data

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

Date well drilling started: 3-31-10 Date well drilling completed: 3-31-10

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

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 3-31-10

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

Hole depth: 215 Well depth: 200 Well grouted to a depth of 75 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 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 inches Setting depth: From 160 feet to 200 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: _____

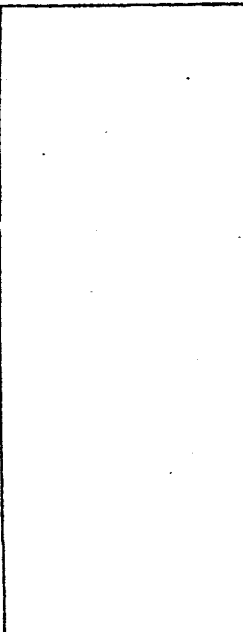
Name of organization running log(s): _____

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

RECEIVED
APR 08 2010
BY: OLWR



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| clay | 0 | 20 |
| sandy clay | 20 | 40 |
| clay | 40 | 60 |
| clay & sand strips | 60 | 100 |
| sand | 100 | 200 |
| clay | 200 | 215 |
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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: Petravian

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)

For Office Use Only:

Aquifer: D31
Well #: _____
Elevation: _____

County: Yazoo
Permit #: _____
Driller: John W Thompson
Date completed: 3-31-10
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>P. Truvian</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>4 Waterway sq ste 400</u> <u>The Woodlands TX 77380</u> | Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>29</u> T <u>12N</u> R <u>3E</u> |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SW</u> of <u>Pickens</u> |
| Telephone No. () _____ | |

| 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 Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>3-31-10</u> | Setting Depth: <u>100</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>3-31-10</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>36</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>68</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>32</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>32</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-SWR-1B

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APR 08 2010
BY: OLWR