

# 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 #: E-39  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Adams  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 11-1-07

**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>Derbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>7N</u> Rng <u>1W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Matchee</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>10-30-07</u> Date well drilling completed: <u>11-1-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>198</u> feet above or below (circle one) land surface Date measured: <u>11-1-07</u>	
Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____	
Hole depth: <u>423</u> Well depth: <u>400</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>360</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>360</u> feet to <u>400</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <input checked="" type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.	
<u>John W Thompson 0-679</u>	<u>John W Thompson</u>
Print Name of Water Well Contractor and License No.	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 #: E-39

Elevation: \_\_\_\_\_

County: Adams  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 11-1-07

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>Denbury Onshore</u> Mailing Address: <u>P.O. Box 6504</u> <u>Laurel MS</u> City _____ State _____ Zip Code _____ Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>7N</u> Rng <u>1W</u> Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>E</u> of <u>Meritts</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): _____ Date Pump Installed: <u>11-1-07</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	<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): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>240</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-1-07</u> Static Water Level (A): <u>198</u> Feet Below Land Surface Pumping Water Level (B): <u>223</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>25</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>50</u> GPM with a drawdown of <u>25</u> feet after <u>4</u> hours of pumping

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)

John W. Thompson  
 Signature of Pump Installer