

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-75

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County Anite 005

Permit # \_\_\_\_\_

Driller: John V. Thompson

Date drilling completed: 2-24-05

Thompson Brothers Water Well Service

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>Kestrel Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 721</u> <u>New Roads, LA 70760</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4</u> Sec <u>17</u> Twn <u>2N</u> Rng <u>3E</u>
Telephone No. (____) _____	Distance: <u>6</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Claster</u>

Well Data

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

Date well drilling started: 2-24-05 Date well drilling completed: 2-25-05

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 200 Well depth: 160 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: PVC

Screen length 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 020 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): 120-140

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 V. Thompson 0-0679 Print Name of Water Well Contractor and License No.

John V. Thompson Signature of Water Well Contractor

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MAR 24 2005  
BY: OLWR



# 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: Amite  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 2-24-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M-75  
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>Kestrel Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 721</u>	Method of Lat/Long (circle one): Conventional Survey: _____
<u>New Roads LA 70760</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>17</u> Twn <u>2N</u> Rng <u>3E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>SE</u> of <u>Glaster</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-1-05</u>	Setting Depth: <u>130</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>3-1-05</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>57</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>8</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>8</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 0-0679      John W. Thompson  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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MAR 24 2005  
BY: OLWR