

Morgan 34-34

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 #: P-62
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date drilling completed: 9-30-07

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>Danbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6506</u> <u>Lawrence MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 Sec <u>34</u> Twn <u>1N</u> Rng <u>12E</u>
Telephone No. (____) _____	Distance: <u>3</u> Miles Direction: <u>W</u> of Nearest Town: <u>Heidelberg</u>

Well Data

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

Date well drilling started: 9-28-07 Date well drilling completed: 9-30-07

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

Static Water Level: 185 feet above or below (circle one) land surface Date measured: 9-30-07

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

Hole depth: 603 Well depth: 550 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 500 feet to 550 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

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 18631
Jackson, MS 39288-0631
(601) 961-6210
(601) 954-6338 (fax)

County: Jasper
Permit #: _____
Diller: John W Thompson
Date completed: 9-30-07

For Office Use Only

Applicator: _____
Well #: P-62
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>Debury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 6506</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel MS</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> Twp <u>W</u> Rng <u>12E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>W</u> of <u>Heidelberg</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="checkbox"/> <u>Air Lift</u>	<input checked="" type="checkbox"/> <u>Diesel Engine</u>
<input type="checkbox"/> Jet	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Submersible	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input type="checkbox"/> Electric Motor
<input type="checkbox"/> Piston	<input type="checkbox"/> Hand
<input type="checkbox"/> Turbine	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Windmill
<input type="checkbox"/> Rotary	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Flowing Well	Motor Power Rating of Motor: _____
Other (specify): _____	Setting Depth: <u>400</u> feet
Date Pump Installed: <u>9-30-07</u>	Number of Stages: _____
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-30-07</u>	<input checked="" type="checkbox"/> <u>Air Line</u>
Static Water Level (A): <u>185</u> Feet Below Land Surface	<input type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>253</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown (B)-(A): <u>68</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	For flowing well, measured static in back: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>20</u> GPM with a drawdown of <u>68</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 John W Thompson
First Name of Pump Installer and License No. (if applicable) Signature of Pump Installer