

SoSo

# 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 #: R-40  
L.S. Elevation \_\_\_\_\_  
E-log # \_\_\_\_\_

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 4-28-06

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>Denbury Onshore</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey	
Mailing Address: <u>P.O. Box 506 Laurel MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>10N</u> Rng <u>13W</u>		
Telephone No. (____) _____	Distance: <u>4</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Soso</u>

**Well Data**

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

Date well drilling started: 4-27-06 Date well drilling completed: 4-28-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4-28-06

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 100 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**  
JUN 01 2006  
**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)

For Office Use Only:

Aquifer \_\_\_\_\_

Well #: R-40

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

County Jasper  
Permit # \_\_\_\_\_  
Driller John W. Thompson  
Date completed 4-28-06

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>Penbury Onshore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 506 Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey.
_____	- USGS quad, Hand-held GPS, Survey-grade GPS
_____	_____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>10N</u> Rng <u>13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>4</u> Miles <u>NW</u> of <u>Soso</u>

Pump Type	Power Type		
Circle one	Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> <u>Electric Motor</u>	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Jet	<input type="checkbox"/> Turbine	<input type="checkbox"/> Windmill
Other (specify): _____	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	Other (specify): _____
Date Pump Installed: <u>4-28-06</u>	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	Horse Power Rating of Motor: <u>5</u>
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Setting Depth: <u>80</u> feet
			Number of Stages: _____

Pump Test Data	Method of Measuring Water Level		
	Circle one		
Date Well Tested: <u>4-28-06</u>	<input type="checkbox"/> Air Line	<input checked="" type="checkbox"/> <u>Electric Measuring Line</u>	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of		
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>5</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)

John W. Thompson  
Signature of Pump Installer

RECEIVED  
JUN 01 2006  
BY: OLWR