

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 #: B-32
L. S. Elevation: _____
E-log #: _____

County: Jefferson Davis
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-11-07

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>Bear Resources</u> | Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ " | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | |
| Mailing Address: <u>P.O. Box 52768</u> <u>Lafayette LA 70505</u> | _____ 1/4 _____ 1/4 Sec _____ 1 Township <u>9N</u> Rng <u>18W</u> | Distance _____ Miles Direction _____ of Nearest Town <u>Magee</u> | |
| City _____ State _____ Zip Code _____ | Well Data | | |
| Telephone No. () _____ | Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u> | | |
| | Date well drilling started: <u>4-10-07</u> Date well drilling completed: <u>4-11-07</u> | | |
| | If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | |
| | Static Water Level: <u>41</u> feet above or below (circle one) land surface Date measured: <u>4-11-07</u> | | |
| | Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | | |
| | Hole depth: <u>183</u> Well depth: <u>176</u> Well grouted to a depth of <u>20</u> feet | | |
| | Type of grout (circle one): Cement <u>Bentonite</u> Mix | | |
| | Casing length: <u>156</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | | |
| | Screen length: <u>20</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>156</u> feet to <u>176</u> feet | | |
| | Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> | | |
| | 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): <u>No log run</u> 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 | | John W Thompson | |
| Print Name of Water Well Contractor and License No. | | Signature of Water Well Contractor | |

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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: Jefferson Davis
 Permit #: _____
 Driller: John W Thompson
 Date completed: 4-11-07

For Office Use Only:

Aquifer: _____
 Well #: B-32
 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>Bean Resources</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 52768</u> <u>Lafayette LA 70505</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>9N</u> Rng <u>18W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>7</u> Miles <u>S</u> of <u>Magee</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>4-11-07</u> Rated Pump Capacity: <u>85</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>100</u> feet Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>4-11-07</u> | <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ |
| Static Water Level (A): <u>41</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Pumping Water Level (B): <u>50</u> Feet Below Land Surface | Well yielded <u>100</u> GPM with a drawdown of |
| Drawdown ((B) - (A)): <u>9</u> Feet Below Land Surface | <u>9</u> feet after <u>4</u> hours of pumping |
| Test Pumping Rate: <u>100</u> Gallons Per Minute | |
| 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

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