

Burgandy # 1

# 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)

County: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 9-11-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-87  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Tellus Operating</u>	Latitude: <u>31° 26' 46"</u> Longitude: <u>84° 48' 33"</u>
Mailing Address: <u>P.O. Box 14108</u> <u>Jackson MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 16 Twn 6N Rng 18W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>4 Miles SW of Bassfield</u>

**Well Data**

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

Date well drilling started: 9-11-07 Date well drilling completed: 9-11-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9-11-07

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

Hole depth: 295 Well depth: 280 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 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 260 feet to 280 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): \_\_\_\_\_

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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

J-

If well telescopes please sketch below and show depths.

Ground Level

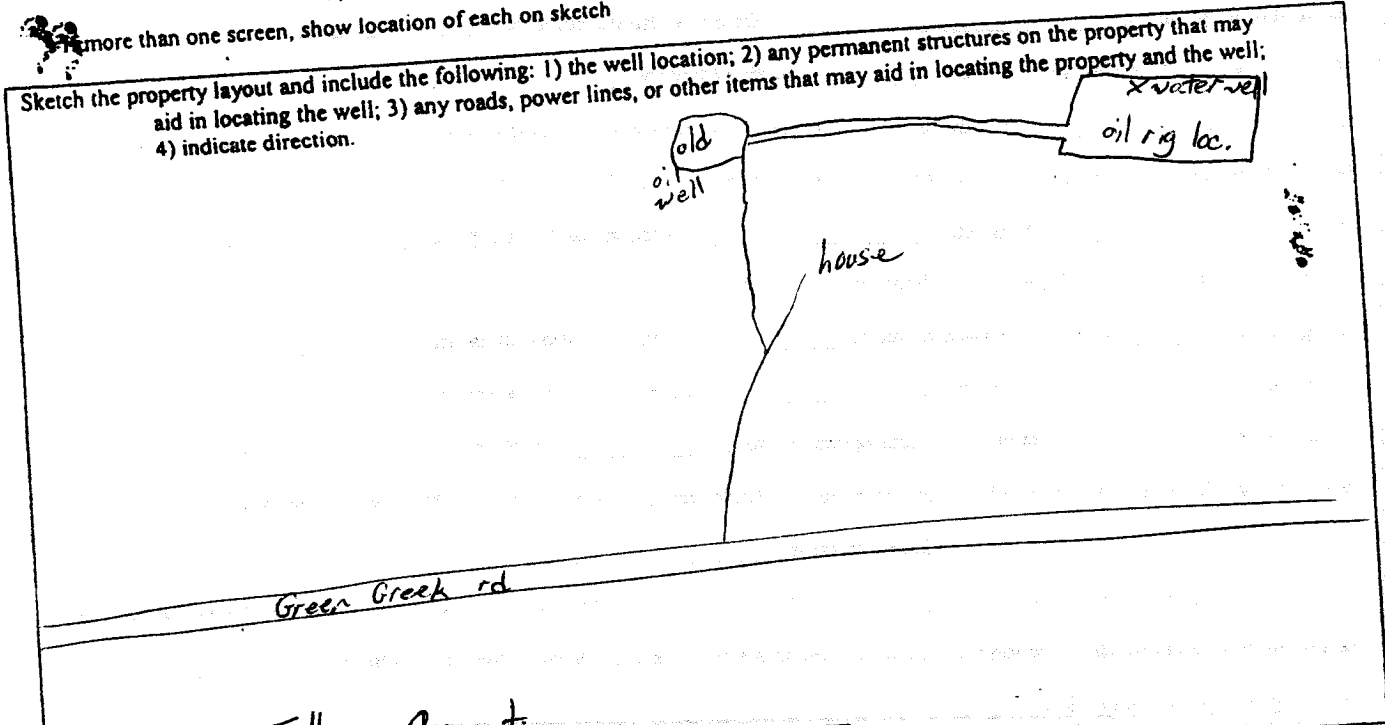
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
clay	0	30
sand & gravel	30	65
clay	65	230
sand	230	270
clay	270	295

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Tellus Operating

John 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6338 (fax)

County: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 9-11-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-87  
 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>Tellus Operating</u> Mailing Address: <u>P.O. Box 14108</u> <u>Jackson MS</u> City: _____ State: _____ Zip Code: _____ Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> _____ <sup>1</sup> / <sub>4</sub> _____ <sup>1</sup> / <sub>4</sub> Sec <u>16</u> Twp <u>6N</u> Rng <u>18W</u> Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>SW</u> of <u>Bassfield</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Bucket: _____ Centrifugal: _____ Other (specify): _____ Date Pump Installed: <u>9-12-07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	Jet: _____ <u>Submersible</u> Piston: _____ Turbine: _____ Rotary: _____ Flowing Well: _____ Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____ <u>Electric Motor</u> : _____ Hand: _____ Tractor PTO: _____ Windmill: _____ Other (specify): _____ Horse Power Rating of Motor: _____ <u>7 1/2</u> Soring Depth: <u>180</u> Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-12-07</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>131</u> Feet Below Land Surface Drawdown (B)-(A): <u>31</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line: _____ <u>Electric Measuring Line</u> _____ Steel Tape: _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>50</u> GPM with a drawdown of <u>31</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  
 First Name of Pump Installer and License No. (if applicable)

John W Thompson  
 Signature of Pump Installer