

# 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 #: J-104  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones

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

Driller: John W. Thompson

Date drilling completed: 6-22-05

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:	<u>31.32.24</u> Longitude: <u>89.19.29</u>
Mailing Address:	<u>P.O. Box 52768</u> <u>Lafayette LA 70505</u>		Method of Lat/Long (circle one):	Conventional Survey.
City	State	Zip Code	USGS quad.	Hand-held GPS. Survey-grade GPS
Telephone No. ( )			<u>NW</u> <u>SE</u> <u>SW</u> <u>NE</u> 1/4 Sec <u>29</u> Twn <u>7N</u> Rng <u>13E</u>	
			Distance	Direction
			<u>3</u> Miles	<u>NW</u> of <u>Morcelle</u>

Well Data	
Purpose of Well (circle one)	Home Industrial Public Supply Irrigation Fish Culture Other: <u>fig supply</u>
Date well drilling started:	<u>6-22-05</u> Date well drilling completed: <u>6-22-05</u>
If flowing, method of flow regulation: Valve _____	Other (describe) _____
Static Water Level: <u>114</u> feet above or below (circle one) land surface	Date measured: <u>6-22-05</u>
Method of Measurement (circle one)	steel tape <u>electric tape</u> air line other: _____
Hole depth: <u>260</u> Well depth: <u>260</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one):	Cement <u>Bentonite</u> Mix
Casing length <u>240</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: _____ inches	Setting depth: From _____ feet to _____ feet
Type of completion (circle all applicable):	<u>Gravel packed</u> 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):	<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 0-0679  
Print Name of Water Well Contractor and License No.

John W. Thompson  
Signature of Water Well Contractor

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JUL 14 2005

BY: OLWR

J-104

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

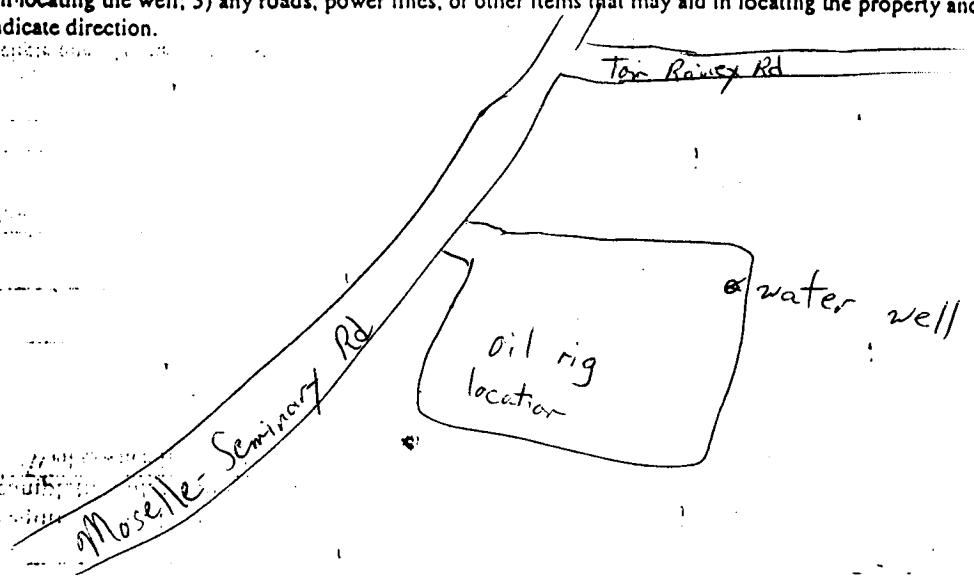
From To

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Description of Formations Encountered	From	To
red clay	0	15
sand + gravel	15	42
clay	42	185
sand	185	260

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: Bean Resources

Signature of Water Well Contractor

*John H. Thompson*

# 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)961-9210  
(601)354-6938 (fax)

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John V. Thompson  
Date completed: 6-22-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-104  
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>	Method of Lat/Long (circle one): Conventional Survey: _____
<u>Lafayette LA 70505</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 29 Twn 7N Rng 13W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>3 Miles NW of Moselette</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas <input type="radio"/>
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>6-23-05</u>	Setting Depth: <u>180</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>6-23-05</u>	Air Line Electric Measuring Line Steel Tape <input type="radio"/>
Static Water Level (A): <u>114</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>145</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>31</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>31</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 V. Thompson 0-0679 John V. Thompson  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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