

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: M201
Aquifer: _____
E-Log #: _____

County: Lincoln
Permit #: MS-GW-17161 ✓
Driller: John W Thompson
Date drilling completed: 9-23-14

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Denbury</u>			Latitude: <u>31° 29' 40.5"</u> Longitude: <u>90° 24' 35.9"</u>		
Mailing Address: <u>6506 Laurel MS</u>			Method of Lat/Long (check one): Conventional Survey _____		
City _____ State _____ Zip Code _____			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
Telephone No. (____) _____			NW ¼ NW ¼, Sec <u>16</u> T <u>6N</u> R <u>8E</u>		
			<u>6</u> Miles <u>S</u> of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 9-22-14 Date drilling completed: 9-23-14 Hole depth: 283 Hole diameter: 10 1/2"
 Location of the source of any surface water used for drilling: nearby well
 Method of dosing and volume of Chlorine used in drilling and development: added 8 gallons of bleach
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

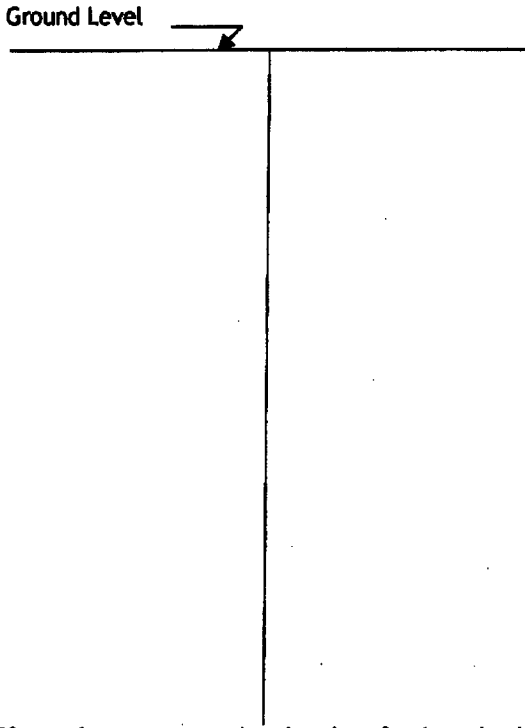
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 141 feet [above or below] land surface Date measured: 9-23-14
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 275 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 240 feet Casing diameter: 6 inches Type of casing: SDR-17 PVC
 Screen length: 35 feet Screen diameter: 4 inches Type of screen: PVC Wrap
 Screen slot size: .010 inches Setting depth: From 240 feet to 275 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

County: Lincoln
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The sketch below only required for water wells
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red sandy clay	Ground level	40
clay, sand & gravel	40	90
clay	90	180
sand & clay	180	200
sand & clay	200	240
sand & gravel	240	275
blue clay	275	283

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) north arrow

Landowner Name: Denbury

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W Thompson 0-679 10-13-14 John W Thompson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: M201
 Aquifer: _____

County: Lincoln
 Permit #: MS-GW-17161
 Driller: John W Thompson
 Date completed: 9-23-14
 Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Danbury</u>	Latitude: <u>31° 29' 40.5"</u> Longitude: <u>90° 24' 35.9"</u>
Mailing Address: <u>P.O. Box 6506</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Laurel MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> , Sec <u>16</u> T <u>6N</u> R <u>5E</u>
Telephone No. (____) _____	<u>6</u> Miles <u>S</u> of <u>Brookhaven</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10-15-14 Rated Pump Capacity: 150 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 15 Setting Depth: 231 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 10-15-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 152 Feet Below Land Surface Pumping Water Level (B): 195 Feet Below Land Surface

Drawdown [(B) - (A)]: 43 Feet Below Land Surface Test Pumping Rate: 175 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679 10-15-14 John W Thompson

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer