

EEU 26-15 #2 elev. 284

# State Well Report Part 1

For Office Use Only:

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 5-26-12

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)

Aquifer: \_\_\_\_\_  
 Well #: A39  
 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>Denbury Onshore</u>	Latitude: <u>31.48.06</u> Longitude: <u>88.51.58</u>
Mailing Address: <u>500 Central Ave</u> <u>Laurel MS 39440</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad, <u>SW 1/4 SE 1/4 Sec 26</u> Twn <u>10N</u> Rng <u>9W</u>
Telephone No. ( ) _____	Distance: <u>1</u> Miles Direction: <u>E</u> of Nearest Town: <u>Eucutta</u>

**Well Data**

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

Date well drilling started: 5-23-12 Date well drilling completed: 5-26-12

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

Static Water Level: 75 feet above or  below (circle one) land surface Date measured: 5-26-12

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

Hole depth: 523 Well depth: 500 Well grouted to a depth of 20 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 440 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 440 feet to 500 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

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JUN 06 2012

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)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 5-26-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A39  
 Elevation: \_\_\_\_\_

*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>Denbury Onshore</u>	Latitude: <u>31°48' 06"</u> Longitude: <u>88°51' 58"</u>
Mailing Address: <u>500 Central Ave</u> <u>Laurel MS 39440</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>26</u> T <u>10N</u> R <u>9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>E</u> of <u>Eucatta</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <b>Submersible</b> _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<b>Electric Motor</b> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>5-26-12</u>	Setting Depth: <u>140</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>5-26-12</u>	<b>Air Line</b> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</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>35</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      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-19  
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 JUN 06 2012  
 BY: OLWR