TFU 18-2	OT A TE	WELL DEDODT	
. Yaza-	SIAIE	WELL REPORT Part 1	For Office Use Only:
County: <b>/\alpha\alpha\alpha</b>	ח	rart i riller's Log	Well #: _ R87
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
Driller: John W Thompson		nd and Water Resources P.O. Box 2309	E-Log #:
Date drilling completed: 7-24-13		on, MS 39225-2309	
		601)961-5210 1)360-0535 (fax)	
State Law requires that this report	be prepared by the	license holder responsible for t	the work and filed with the or barehale.
Well Owner Informat		mpletion of drilling of the well or borehole.  Well or Borehole Location	
(Landowner if borehole is not for a water well)		Latitude: 32°43'5" Lo	ngitude: 90°26'22"
Owner Name: Den bury Ons	hore		ł
Mailing Address: 600 Central	Ave		e): Conventional Survey,
Laurel MS		USGS quad, Hand-held C	GPS, Survey-grade GPS
Laurel 1113		NW WINE W. Sec	18 / TON R ZW
City State	Zip Code		
	2.6 0000	(Distance) (Direction)	(Nearest Town)
Telephone No. ()		(5.000.00)	
7 22	Well / B	Forehole Data	7
Date drilling started: 7-22-13 Date			→ Hole diameter:/
Location of the source of any surface	water used for drilli	ng: <u>Vater well</u>	
Method of dosing and volume of Chlori	ne used in drilling a	and development: 2/1ix 100	pallons bleach
Logs run (circle all applicable): (No log			
		na nay bensity bonic near	
Name of organization running log(s):			
Purpose of borehole (circle one) Wate	Well Geotechn	ical/Geological Investigation	Ground Source Heat Pump
Seisn	nic Survey Other	(describe)	
If drilling is not re	lated to water well o	construction, skip the remainde	er of this block
Purpose of Well (circle all applicable):			Fish Culture
Other (describe): rig Supp	'/y		
If a flowing well, method of flow regu	/ lation: Valve	Other (describe)	2 011 15
Static Water Level: 70 fee	t [above or below (circle one)	land surface Date measure	ed: <u>7-24-13</u>
Method of measurement (circle one):	Steel tape Electric	tape Air line Other (describe	r):
Well depth: $360$ Well grouted to	a depth of: 20	feet Type of grout (circle one	): Neat Cement Bentonite Mix
Casing length: 280 feet	asing diameter:		casing: PVC
and a	Screen diameter: _	inches Type o	f screen: PIC Stotted
Screen slot size: 010 inches		200	to <u>360</u> feet RE
Type of completion (circle all applicab	le): Gravel packed	Underreamed Open hole	
Other (describe):			A
Top of lap pipe or reduction in casing	:feet		٦٧
		one screen, describe on next p	age

Form: OLWR-SWR-1A (4/13)

County: <u>Ya Zaa</u> Permit #:	Fo	or Office Use	Only:
The sketch below only required for water wells  If well telescopes, show depths on sketch.	Description of formations encountered and boreholes, unless specifically exen		
Ground Level	Description of Formations Encountered	From (depth) Ground level	To (depth)
	clay 4 sand	140	185
	clay	185	240
	clay + sand	240	260
	sand	260	320
·	sand of clay	320	363
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 ai 3) any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well		
andowner Name:			
HEREBY CERTIFY that the well/borehole was drilled, c equirements of the Mississippi Department of Environm f applicable, and state laws.	constructed, and completed in accordance nental Quality and the Mississippi Departn	e with all applic nent of Health r	able egulations,
John WThompson 0-679	8-6-13 John W H	Lampson	
Print Name of Responsible Licensee and License No.	Date Signature	of Cicensee Form: OLWR-S	SWR-1A (4/13)

## STATE WELL REPORT

County: \_

Permit #:

Driller: John

Date completed: 7-24-13

Copy information from block on Part 1

## 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 #: <u>R87</u>				
Aquifer:				

(OUT) OUT COUNTY	
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: Denbury Orshore, Latitude: 32°43'5" Longitude: 90°26 22"	
Mailing Address: 500 Central Ave Method of Lat/Long (check one): Conventional Survey,	
Loure MS USGS quad, Hand-held GPS, Survey-grade GPS,	
NN 1/2 NE 1/4, Sec 18 T 10N R 2W	
City State Zip Code Miles SE of Tinsley	
Telephone No. ()	
Pump Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	
Date Pump Installed: 7-24-13 Rated Pump Capacity: 55 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: Setting Depth:feet Number of Stages:	
Pump Test Data for Non Flowing Well	
Date Well Tested: 7-24-13 Duration of Pump Test (minimum 4 hours): 4 hours	
Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 85 Feet Below Land Surface	
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 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 yieldedGPM with a drawdown offeet afterhours 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.	\/ <b>L</b> T
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	V Brandina
John W. Thompson 0-679 8-4-13 John W. Thompson A16 14	2013
Print Name of Pump Installer and License No. (if applicable)  Date  Signature of Pump Installer	'
Form: OLWR-\$\text{\$\psi_1}\)	W