

State Well Report

Part 1

County: Adams
Permit #:
Driller: Tom Griffith Water well
Date drilling completed: 9-28-04

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 #: E-36
L. S. Elevation:
B-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>Energy Drilling, Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Natchez, MS 39120</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 46 Twn 7N Rng 1W</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town
	<u>3 Miles N of Natchez</u>

Moore Hines Taggart Well Data

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

Date well drilling started: 9-28-04 Date well drilling completed: 9-28-04

If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 10.5 feet above or below (circle one) land surface Date measured: 9/29/04

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

Hole depth: 180' Well depth: 160' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20020 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0108.020 inches Setting depth: From 120 feet to 160 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: NA 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): NA

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.

Tom Griffith, Pres. 0-0402
Print Name of Water Well Contractor and License No.

Tom Griffith
Signature of Water Well Contractor

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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: _____
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 9-28-04

For Office Use Only:

Aquifer: _____
 Well #: E-36
 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>Energy Drilling Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Natchez, MS 39120</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>46</u> Twn <u>7N</u> Rng <u>1W</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Natchez</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Jet	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Bucket Piston Turbine	Windmill Other (specify): _____
Centrifugal Rotary Flowing Well	Horse Power Rating of Motor: <u>5 hp</u>
Other (specify): _____	Setting Depth: <u>147</u> feet
Date Pump Installed: <u>9-28-04</u>	Number of Stages: <u>10</u>
Rated Pump Capacity: <u>600</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>105</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>600</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Tom Griffith Pres 0-0402 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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