

State Well Report

Part 1

County: Adams Co.

Permit #: _____

Driller: Tom Griffith water well

Date drilling completed: 8-1-06

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-56

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>Winchester Co.</u> Mailing Address: <u>Suite 300</u> <u>6001 Financial Plaza</u> <u>Shreveport, LA 71129</u> City State Zip Code Telephone No. <u>318 687-3232</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>14</u> ¹ / ₄ Sec <u>16</u> Twn <u>5N</u> Rng <u>3W</u> Distance <u>3</u> Miles Direction <u>W</u> of Nearest Town <u>Sidney, LA</u> <u>12 S Natchez</u>
Well Data	
Well Name: <u>Shield bore No. 1</u> Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture <input checked="" type="radio"/> Other <u>Rig Supply</u> Date well drilling started: <u>7/30/06</u> Date well drilling completed: <u>8-1-06</u> If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____ Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>8/1/06</u> Method of Measurement (circle one) steel tape electric tape <input checked="" type="radio"/> air line other: _____ Hole depth: <u>152'</u> Well depth: <u>152'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <input checked="" type="radio"/> Cement Bentonite Mix Casing length: <u>112</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20x20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.014-.02</u> inches Setting depth: From <u>112</u> feet to <u>152'</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): <u>NA</u>	
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.	
Print Name of Water Well Contractor and License No. <u>Tom Griffith, Pres. 0-0402</u>	Signature of Water Well Contractor <u>[Signature]</u>

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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: Adams Co.
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 8-1-06

For Office Use Only:

Aquifer: _____
 Well #: J-56
 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>Winchester Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6001 Financial Plaza</u> <u>Suite 300</u> <u>Shreveport LA 71129</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(318) 687-3232</u>	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>5N</u> Rng <u>3W</u>
	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>8/1/06</u>	Setting Depth: <u>147'</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>10</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>NA</u> 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