

State Well Report

Part 1

County: Adams
 Permit #: _____
 Driller: Tom Griffith Water well
 Date drilling completed: 9-26-04

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 #: L-35
 L. S. Elevation: _____
 E-log #: _____

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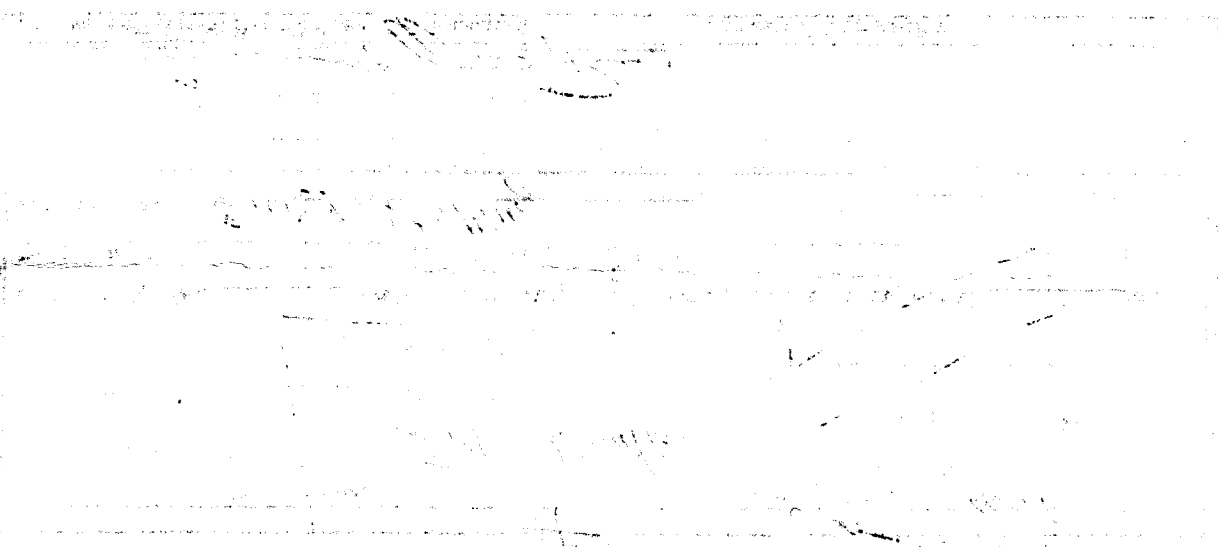
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Energy Drilling Co.</u> Mailing Address: <u>P.O. Box 905</u> <u>Natchez, MS 39120</u> City State Zip Code Telephone No. <u>(601) 446-5259</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>4</u> <u>4</u> Sec <u>15</u> Twn <u>5N</u> Rng <u>1W</u> Distance Direction Nearest Town <u>15</u> Miles <u>E</u> of <u>Natchez</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Rig Supply</u>	
Date well drilling started: <u>9-26-04</u> Date well drilling completed: <u>9-26-04</u>	
If flowing, method of flow regulation: Valve <u>n/a</u> Other (describe) _____	
Static Water Level: <u>65'</u> feet above or below (circle one) land surface Date measured: <u>9/26/04</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>120'</u> Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite <u>Mix</u>	
Casing length: <u>80'</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20420</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>Std. screen</u>	
Screen slot size: <u>.0104-.020</u> inches Setting depth: From <u>80'</u> feet to <u>120'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>n/a</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>n/a</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.	
<u>Tom Griffith, Pres. 0-0402</u> Print Name of Water Well Contractor and License No.	<u>[Signature]</u> Signature of Water Well Contractor

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OCT 26 2004

BY: OLWR



Name of component	Material	Dimensions	Notes
Part 1	Steel	10 x 10 x 10	...
Part 2	Aluminum
Part 3
Part 4
Part 5
Part 6
Part 7
Part 8
Part 9
Part 10
Part 11
Part 12
Part 13

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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)

For Office Use Only:

Acquirer: _____

Well #: L-35

Elevation: _____

County: ADAMS

Permit #: _____

Driller: Tom Griffith Water Well

Date completed: 9/26/04

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

Owner Name: Energy Drilling Co.

Mailing Address: P.O. Box 905

City: Natchez, MS Zip Code: 39120

State: _____ Telephone No. (601) 446-5759

Well Location

Latitude: _____

Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, _____

USGS quad, Hand-held GPS, Survey-grade GPS _____

1/4 Sec. 15 Twn. 5N Rng. 1W

Distance _____ Direction _____ Nearest Town _____

1.5 Miles E of Natchez

Pump Type

Circle one

Air Lift _____ Jet _____ Submersible _____

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 9/26/04

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____

Electric Motor _____ Hand _____ Tractor PTO _____

Windmill _____ Other (specify): _____

Horse Power Rating of Motor: 5 hp

Setting Depth: 105' feet

Number of Stages: 10

Pump Test Data

Date Well Tested: None

Static Water Level (A): _____ Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line _____ Electric Measuring Line _____ Steel Tape _____

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____

feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable) Tom Griffith, P.E. 0-0402

Signature of Pump Installer _____

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 BY: OLWR