

# State Well Report

## Part 1

County: Amite  
Permit #: \_\_\_\_\_  
Driller: Tom Griffith Water Well  
Date drilling completed: 2/6/2012

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 #: A64  
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>Robert Hyer</u>              |  | Latitude: <u>31° 19' 14.64"</u>  | Longitude: <u>90° 58' 53.14"</u> |
| Mailing Address: <u>Box 102, Poole Lane</u> |  | Method of Lat/Long (circle one): <u>Conventional Survey</u>                  | <u>53</u>                        |
| <u>Gloster Ms 39638</u>                     |  | USGS quad, Hand-held GPS, Survey-grade GPS                                   |                                  |
| City: _____ State: _____ Zip Code: _____    |  | <u>1R 4 SW 4 Sec 40</u> Twn <u>2E</u> Rng <u>4N</u>                          |                                  |
| Telephone No. (____) _____                  |  | Distance: <u>5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Gloster</u> |                                  |

| Well Data  |  |
|--|--|
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>CAMP</u>                    |  |
| Date well drilling started: <u>2/6/2012</u>  | Date well drilling completed: <u>2/10/2012</u> |
| If flowing, method of flow regulation: Valve <u>n/a</u> Other (describe) _____   |  |
| Static Water Level: <u>15</u> feet above or below (circle one) land surface Date measured: <u>2/10/2012</u>              |  |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____                                 |  |
| Hole depth: <u>180'</u> Well depth: <u>160'</u> Well grouted to a depth of <u>10'</u> feet                               |  |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix  |  |
| Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>sch 40 PVC</u>                        |  |
| Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>sch 40 PVC</u>                         |  |
| Screen slot size: <u>0-010</u> inches Setting depth: From <u>120</u> feet to <u>160</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): No log run Electric Gamma Ray Density Sonic Neutron Other: <u>n/pe</u>                 |  |
| Name of organization running log(s): <u>n/a</u>  |  |

I certify that this 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 Water Well, Inc  
0-402

Print Name of Water Well Contractor and License No. \_\_\_\_\_

Tom Griffith  
Signature of Water Well Contractor

# 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)961-3210  
 (601)334-6938 (fax)

|                      |     |
|----------------------|-----|
| For Office Use Only: |     |
| Aquifer:             |     |
| Well #:              | A64 |
| Elevation:           |     |

|                 |                          |
|-----------------|--------------------------|
| County:         | Amite                    |
| Permit #:       |                          |
| Driller:        | Tom Griffithy Water Well |
| Date completed: | 2/10/2012                |

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

|   |   |
|---|---|
| <p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Robert Hyer</u></p> <p>Mailing Address: <u>Box 102, Poole Lane</u><br/><br/><u>Gloster, MS 39638</u><br/> <small>City State Zip Code</small></p> <p>Telephone No. ( ):</p> | <p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>31°19'14.64"N</u> Longitude: <u>90°58'53.14"W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey,</p> <p style="text-align: center;">USGS quad, Hand-held GPS, Survey grade GPS</p> <p><u>  </u> 1/4 <u>  </u> 1/4 Sec <u>40</u> Twn <u>2E</u> Rng <u>4N</u></p> <p>Distance Direction Nearest Town<br/> <u>5</u> Miles <u>N</u> of <u>Gloster</u></p> |
|---|---|

|   |   |
|---|---|
| <p style="text-align: center;"><b>Pump Type</b><br/>Circle one</p> <p>Air Lift      Jet      <u>Submersible</u></p> <p>Bucket      Piston      Turbine</p> <p>Centrifugal      Rotary      Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>2/10/2012</u></p> <p>Rated Pump Capacity: <u>12</u> Gallons Per Minute</p> | <p style="text-align: center;"><b>Power Type</b><br/>Circle one</p> <p>Diesel Engine      Gasoline Engine      Natural Gas</p> <p><u>Electric Motor</u>      Hand      Tractor PTO</p> <p>Windmill      Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>2</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>10</u></p> |
|---|---|

|  |   |
|--|---|
| <p style="text-align: center;"><b>Pump Test Data</b></p> <p>Date Well Tested: <u>2/10/2012</u></p> <p>Static Water Level (A): <u>15</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: <u>20</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>1</u> hours</p> | <p style="text-align: center;"><b>Method of Measuring Water Level</b><br/>Circle one</p> <p>Air Line      Electric Measuring Line      <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: <u>n/a</u> feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p> |
|--|---|

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

Tom Griffithy Water Well, Inc.      [Signature]

Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
 MAR 16 2012  
 BY: OLWR

If well telescopes please sketch below and show depths.

A64

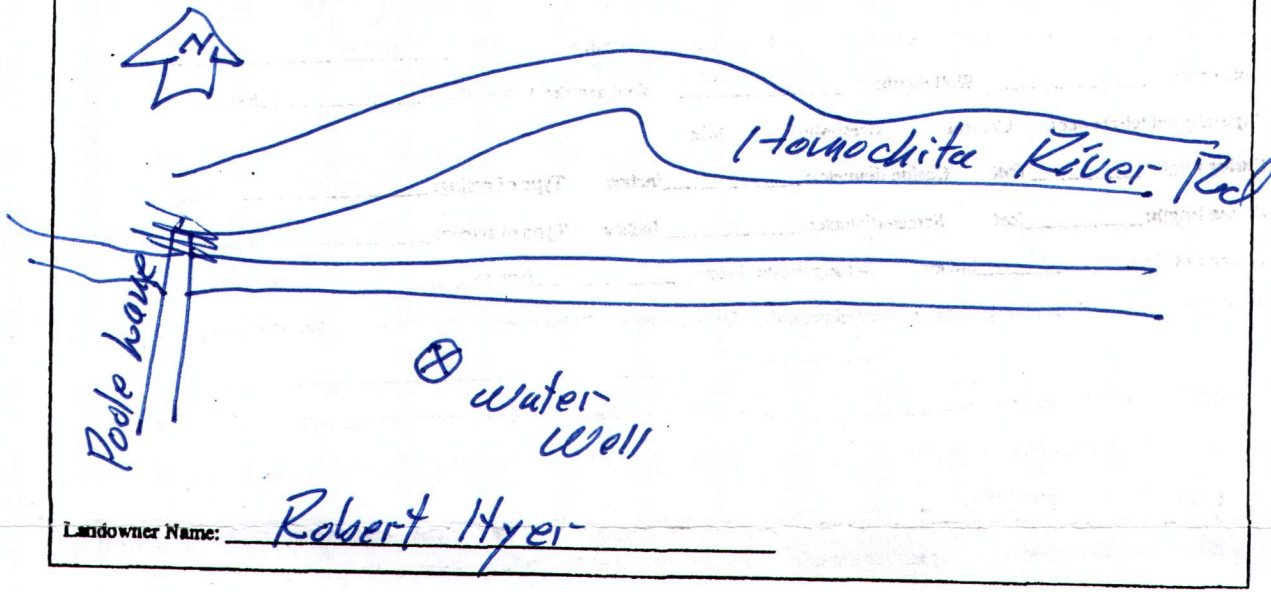
Ground Level

Description of Formations Encountered

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Top Soil & Clay                       | 0    | 10  |
| Sand                                  | 10   | 25  |
| Clay                                  | 25   | 100 |
| Sand & pebbles                        | 100  | 160 |
| Clay streaks                          | 160  | 180 |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



*[Signature]*  
 Signature of Water Well Contractor

**RECEIVED**  
**MAR 16 2012**  
**BY: OLWR**