

State Well Report

Part 1

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. 68
L. S. Elevation: _____
B-log #: _____

County: Amite Co.
Permit #: _____
Driller: Tom Griffith water well
Date drilling completed: 6/14/06

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>Brammer Eng.</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>333 Texas St.</u> <u>Suite 1425</u> <u>Shreveport, LA 71101</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>27</u> Twn <u>3N</u> Rng <u>5E</u>		
Telephone No. <u>(601) 527-8406</u>	Distance <u>2</u> Miles	Direction <u>E</u>	Nearest Town <u>Liberty, LA</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>7/13/05</u>		Date well drilling completed: <u>6/14/06</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____			
Static Water Level: <u>5</u> feet above or below (circle one) land surface		Date measured: <u>7/13/05</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____			
Hole depth: <u>140'</u>		Well depth: <u>140'</u>	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>100</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>100</u> feet to <u>140</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>NA</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>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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If well telescopes please sketch below and show depths.

J-68

Ground Level

Description of Formations Encountered	From	To
Clay	0	10
Sandy clay & gravel	10	65
Sand & gravel	65	140

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.

Landowner Name: Brammer, Eng.

[Signature]
Signature of Water Well Contractor

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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)961-3210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: J-68

Elevation: _____

County: Amite Co.
Permit #: Robert Estate #1
Driller: Tom Griffith Water well
Date completed: 6/14/06

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>Brammer Eng.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>333 Texas St.</u> <u>Suite 1425</u> <u>Shreveport, LA 71101</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 527-8406</u>	Distance Direction Nearest Town <u>5 Miles E of Liberty, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: _____	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</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>80</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>80</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</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

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