Ewing	XXV II ID		
l <b>A</b> . <b>i</b> l	e Well Report Part 1	For Office Use Only:	
County: Amite Mississippi Depar	ment of Environmental Quality	Aquifer:	
Permit #: Office of La	and Water Resources	Well #: 5-51	
Drillor: C M I I I A   NIXA I I I I I I	O. Box 10631 on, MS 39289-0631	L. S. Elevation:	
Date drilling completed: 11-13-08	601)961-5210		
(60	1)354-6938 (fax)	E-log #:	
State Law requires that this report be prepared by 30 days of completion of drilling of the well.			
Well Owner Information		l Location	
Owner Name Griffith & Griffith Exp	Latitude:,	_" Longitude:°'"	
Mailing Address: P.O.Box 12274	Method of Lat/Long (circle or	ne): Conventional Survey,	
	USGS quad, Hand-held	I GPS, Survey-grade GPS	
Jackson, MS 39236 City State Zip Code	¼¼ Sec_3C	) Twn 1N Rng 4E	
	Distance Direction	Nearest Town	
Telephone No. (601) 713 - 1146	Miles South	of Liberty	
7	Vell Data	<u> </u>	
Purpose of Well (circle one) Home Industrial Public Sup	ply Irrigation Fish Culture	Other: Rig Supply	
Date well drilling started: 11-13-08	Date well drilling completed:	-13-08	
If flowing, method of flow regulation: ValveOti	ner (describe)		
Static Water Level:feet above or below circle	one) land surface Date measured:	11-13-08	
Method of Measurement (circle one) steel tape electric	tape air line other:		
Hole depth: 140' Well depth: 140'	Well grouted to a depth of _	10 feet	
Type or great (and the same).	Mix		
Casing length: 120 feet Casing diameter: 4	inches Type of casing: _	PVC	
Screen length: 20 feet Screen diameter: 4	inches Type of screen: _	PVC	
Screen slot size: • 020 inches Setting depth: Fi	om 120 feet to 1	140 feet	
Type of completion (circle all applicable) Gravel packed I	Inderreamed Telescoped Oper	hole Natural Development	
Other (describe):			
Top of lap pipe or reduction in casing:feet.	If telescoped or more than one scr	reen, describe on back of page	

Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron

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 tate laws.

Name of organization running log(s):

RAYBORN DRILLING, INC.

Print Name of Water Well Contractor and License No.

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Other:

Signature of Water Well Contractor

DEC 1 : 2008

BY: OLWR

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angled wind grade that the most income and decay are stated and special of special control.

December 1 And Andrews and the acceptable

## STATE WELL REPORT

## Part 2

County: Amite **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #:\_ P.O. Box 10631 Jackson, MS 39289-0631

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

For Office Use Only:	
Aquifer:	
Well#: 5-51	-
Elevation:	-

Date completed:	-13-68	, ,	961-5210 4-6938 (fax)	Elevation:
		ı 1e pump installer in detai	and filed with the Department	within 30 days of the
installation of pur	np. ell Owner Informa	u	Well	Location
**			Well Location	
Owner Name: Gri	Hith Gait	fith Expl.	Latitude:Longitude:	
Mailing Address: P.	0.Box 12	274	Method of Lat/Long (circle one): Conventional Survey,	
<u>Ja</u>	ckson, M	15 39236	USGS quad, Hand-held GPS, Survey-grade GPS	
1			14 14 Sec 30 Twn 17 Rng 48	
City	State	Zip Code	Distance Direction	Nearest Town
Telephone No. (60)	713-1141	<u>o</u>	7 Miles 5 of Liberty	
	Pump Type Circle one			ver Type role one
Air Lift	Jet (	Submersible	Diesel Engine Gasoline	e Engine Natural Gas
Bucket	Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well		specify):
Other (specify):			Horse Power Rating of Motor: 5 HP	
Date Pump Installed: _	11-13-0	8	Setting Depth: 126 feet	
Rated Pump Capacity:	<u>60</u>	_Gallons Per Minute	Number of Stages:	
	Pump Test Data		Method of Mea	asuring Water Level
Date Well Tested:	<del>-</del>			rcle one
			Air Line Electric Mean	suring Line Steel Tape
		t Below Land Surface	Other (specify):	
Pumping Water Level				und in bands from
l		et Below Land Surface		ut in head:feet
Test Pumping Rate: _	<b>6</b> ⊃	_Gallons Per Minute	Well yielded <u>65</u> GPM with a drawdown of	
Duration of Pump Tes	st (minimum 4 hours	):hours	feet after	hours of pumping
I HEREBY CERTIFY	that the above state	ments are true to the best	of my knowledge.	
1 Con Ray	iborn C	)-60		<i>(, )</i>

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Signature of Pump Installer

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If well telescopes please sketch below and show depths.

Ground Level			
		}	

Description of Formations Encountered	From	To
CHalk	0	5
Red Clay Gravel	5	70
Red Sand	70	90
Coarse Sand	90	140
	<u> </u>	
	1	

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.  Hwy 24  Liberty  Hwy 48
Hwy 48
Hwy 569
1
Powell Rd
) Tower RB
Landowner Name:



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