

# 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)

County: Forrest Co.

Permit #:

Driller: Tom Griffith Water

Date drilling completed: 6/14/06

For Office Use Only:

Aquifer:

Well #: H-52

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>Lawrence Elliott</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 256</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Purvis, MS 39475</u> City State Zip Code	<u>14 14 Sec 22 Twn 2N Rng 13W</u>
Telephone No. <u>(601) 794-8517</u>	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Purvis, MS</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>2/6/06</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>92'</u> feet above or below (circle one) land surface Date measured: <u>2/6/06</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Hole depth: <u>300</u> Well depth: <u>300</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>260</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>.019-02</u> inches Setting depth: From <u>260</u> feet to <u>300</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): No log run <u>Electric</u> 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.	
<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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JUN 19 2006

BY: OLWR



# 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:

Aquifer: \_\_\_\_\_

Well #: H-52

Elevation: \_\_\_\_\_

County: Forrest Co.

Permit #: \_\_\_\_\_

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>Lawrence Elliott</u> Mailing Address: <u>P.O. Box 256</u> <u>Purvis, MS 39475</u> <small>City State Zip Code</small> Telephone No. <u>(601) 794-8517</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey grade GPS _____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>2N</u> Rng <u>13W</u> Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Purvis, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>2/6/06</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: _____ <u>1hp</u> Setting Depth: <u>300</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u> Static Water Level (A): <u>92'</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface <u>40 gpm on Air Lift</u> Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>10+</u> 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.

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

[Signature]  
 Signature of Pump Installer

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