

State Well Report

Part 1

County: Nancock Co.  
Permit #: \_\_\_\_\_  
Driller: Tom Griffith Water Well  
Date drilling completed: 2-24-05

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 #: F-66  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

Tom Griffith Water Well and Conductive Services, Inc.  
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>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>P.O. Box 905</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>15W</u>
<u>Natchez, MS 39120</u> City State Zip Code	<u>14</u> 1/4 Sec <u>36</u> Twn <u>7S</u> Rnd <u>15W</u>
Telephone No. <u>(601) 446-5259</u>	Distance <u>1</u> Miles Direction <u>SW</u> of Nearest Town <u>Atkins, MS</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply

Date well drilling started: 2-24-05 Date well drilling completed: 2-24-05

If flowing, method of flow regulation: Valve NA Other (describe) \_\_\_\_\_

Static Water Level: 3 feet above or below (circle one) land surface Date measured: 2-24-05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 150' Well depth: 150' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20x20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .0104 .000 inches Setting depth: From 110 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: NA 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: \_\_\_\_\_

Name of organization running log(s): NA

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, Pres 0-0402  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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# STATE WELL REPORT

## Part 2

County: Nantock  
 Permit #: \_\_\_\_\_  
 Driller: Tom Griffith Water Well  
 Date completed: 2-24-05

**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 #: F-66  
 Elevation: \_\_\_\_\_

**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>Energy Drilling Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 965</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Natchez, MS 39120</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>75</u> Rng <u>5W</u>
Telephone No. <u>(601) 446-5259</u>	Distance Direction Nearest Town <u>Miles SW of Kilm, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>2-24-05</u>	Setting Depth: <u>600</u> <del>500</del> feet
Rated Pump Capacity: <u>100</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>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>21/4</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>600</u> <del>100</del> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>est. 80 gpm</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Tom Griffith Pres 0-6402  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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MAR 14 2005

BY: OLWR