County: Jasper

Permit #:

Driller: Tom Griffith

Date drilling completed:

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-48

L. S. Elevation:

E-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

Owner Name: Justiss Oil Co., Inc.

Mailing Address: PO Box 2990

Jena LA 71342
City State Zip Code

Telephone No. 318, 997-4111

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

___ ¼ ___ ¼ Sec 26 Twn 2N Rng 10E

Distance 3 Miles Direction E of Nearest Town Baysprings

Well Data

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

Date well drilling started: 3/28/07 Date well drilling completed: 5/6/07

If flowing, method of flow regulation: Valve n/a Other (describe)

Static Water Level: n/a feet above or below (circle one) land surface Date measured:

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

Hole depth: 180' Well depth: Well grouted to a depth of ___ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: ___ feet Casing diameter: 4 inches Type of casing:

Screen length: ___ feet Screen diameter: 4 inches Type of screen:

Screen slot size: ___ inches Setting depth: From ___ feet to ___ 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: n/a 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: none

Name of organization running log(s):

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.

Tom Griffith, Pres 0402
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

"Dry Hole" stopped drilling @ 180'. No Sand Found.
TDG

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If well telescopes please sketch below and show depths.

J-48

Ground Level

Description of Formations Encountered	From	To
Red sandy clay	0	15
Sand	15	18
Blue clay w/ streaks of sand	18	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.

N/A

Landowner Name: _____

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)961-5210
(601)354-6938 (fax)

County: Jasper
Permit #:
Driller: Tom Griffith
Date completed:

For Office Use Only:
Aquifer:
Well #: J-48
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

Owner Name: Justiss Oil Co. Inc.
Mailing Address: PO Box 2990

Jena LA 71342
City State Zip Code

Telephone No. (318) 997-4111

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec 26 Twn 2N Rng 10E
Distance 3 Miles Direction E of Nearest Town Bay Springs

Pump Type
Circle one

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed:
Rated Pump Capacity: Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill
Other (specify):
Horse Power Rating of Motor: ~~5HP~~
Setting Depth: feet
Number of Stages:

Pump Test Data

Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded 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, Pipe 0402
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

No Pump Set
T'A

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MAY 11 2007
BY: OLWR