

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: Jefferson Davis
Permit #: _____
Driller: Tom Griffith
Date drilling completed: _____

For Office Use Only:

Aquifer: _____
Well #: F-70
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	Well Location
Owner Name: <u>TMR</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5625</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Bossier City LA 71171</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> Twp <u>TN</u> Rng <u>RW</u>
Telephone No. <u>(318) 746-3616</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>N</u> of <u>Bossierfield</u>

Well Data

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

Date well drilling started: 12/22/06 Date well drilling completed: 5/6/07

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 76' feet above or below (circle one) land surface Date measured: _____

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 of grout (circle one): Cement Bentonite Mix

Casing length: 100' feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

Screen length: 40' feet Screen diameter: 4 inches Type of screen: 20' sch 40 PVC slot .010 Top

Screen slot size: .020 inches Setting depth: From 100 feet to 140 feet .020 Bottom

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 0402 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
MAY 11 2007
BY: OLWR

STATE WELL REPORT

Part 2

County: Jefferson Davis
 Permit #: _____
 Driller: Tom Griffith
 Date completed: _____

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-70
 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>TMR</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 5625</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bossier City LA 71171</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>7N</u> Rng <u>10W</u>
Telephone No. <u>(318) 746-3616</u>	Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Bossier</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>12/22/06</u>	Setting Depth: <u>100</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: _____	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>76'</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 _____ 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): _____ hours	

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

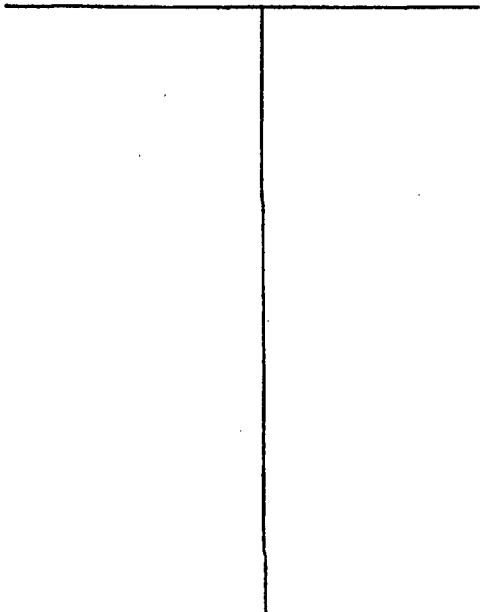
Tom Griffith, P.E. 0402 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAY 11 2007
 BY: OLWR

If well telescopes please sketch below and show depths.

F-70

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	85
sand & pea gravel	85	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.

A hand-drawn sketch of a property layout. At the top, an oval is labeled "Reserve Pit". Below it, a large rectangle is drawn. Inside this rectangle, on the left side, is an "X" followed by the text "Water Well". On the right side of the rectangle is a circle followed by the text "Conductor".

Landowner Name: _____


Signature of Water Well Contractor

RECEIVED
MAY 11 2007
BY: OLWF