

*Jones*  
 County: Forest Co.  
 Permit #: 0-402  
 Driller: Tom Griffith  
 Date drilling completed: 10-8-08

**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 #: M-13  
 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>Stringer Oil</u>	Latitude: <u>31°35'41"</u> Longitude: <u>89°02'27"</u>
Mailing Address: <u>P.O. Box 323</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbia ms 39409</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 736-4498</u>	SE 1/4 SW 1/4 Sec <u>6</u> Twn <u>10N</u> Rng <u>7W</u>
	Distance <u>1.5</u> Miles Direction <u>SE</u> of Nearest Town <u>Laward</u>

**Well Data**

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

Date well drilling started: 10-8-08 Date well drilling completed: 10-8-08

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-8-08

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

Hole depth: 410' Well depth: 410' Well grouted to a depth of 10 feet

Type of grout (circle one) Cement  Bentonite  Mix

Casing length: 370 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 ft Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 1.020 inches Setting depth: From 370' ft to 410 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): None

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 Water Well 0-402  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR



Jones

# 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 #: M-13

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

County: Forrest Co.  
Permit #: 0-402  
Driller: TOM GRIFFITH  
Date completed: 10-8-08

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>String Oil</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 323</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbia, MS 39429</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>10W</u> Rng. <u>7N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-736-4498</u>	<u>15</u> Miles <u>SE</u> of <u>Laural</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor (PTO) Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200</u> feet Number of Stages: <u>20</u>
Date Pump Installed: <u>10-8-08</u>	
Rated Pump Capacity: <u>30</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-8-08</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>50</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

Tom Griffith Waterwell 0-402 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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