

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: Lamar
Permit #: _____
Driller: Tom Griffithwater Well
Date drilling completed: 10-23-04

For Office Use Only:
Aquifer: _____
Well #: J-316
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>Det D Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ferriday LA 71334</u> City State Zip Code	<u>1/4 1/4 Sec 32 Twn 2N Rng 16W</u>
Telephone No. <u>(318) 757-3274</u>	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Baxterville</u>

Tellus Op4 Co. Well Data J. Davis No A-4

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

Date well drilling started: 10-23-04 Date well drilling completed: 10-23-04

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 10-23-04

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

Hole depth: 60' Well depth: 60' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

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

Screen length: 200' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 40' feet to 60' 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 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 Griffithwater, Pres. 0-0402
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
NOV 01 2004
BY: OLWR

STATE WELL REPORT

Part 2

County: Lamar
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 10-23-04

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 #: 2-316
 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>D + D Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1634</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ferriday, LA 71334</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>32</u> Twn <u>2N</u> Rng <u>16W</u>
Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Baxterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>5 hp</u>
Date Pump Installed: <u>10-23-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>60</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>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</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 <u>60</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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 0-0402 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 NOV 01 2004
 BY: OLWR