

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 Griffith Water Well
Date drilling completed: 10-16-04

For Office Use Only:
Aquifer:
Well #: M-125
L. S. Elevation:
E-log #:

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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 D & D Drilling, Mailing Address P.O. Box 11634, Ferriday LA 71334, Telephone No. (318) 757-3274
Well Location: Latitude 31° 03' 42", Longitude 89° 39' 08", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 7, Twn 13N, Rng 16W, Distance 5 Miles, Direction W, Nearest Town Baytown

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Rig Supply
Date well drilling started: 10-16-04 Date well drilling completed: 10-16-04
If flowing, method of flow regulation: Valve NA Other (describe)
Static Water Level: 52 feet above or below (circle one) land surface Date measured: 10-16-04
Method of Measurement (circle one) steel tape electric tape air line other:
Hole depth: 180' Well depth: 180' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 140' feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20 x 20 feet Screen diameter: 4" inches Type of screen: Std. Screen PVC
Screen slot size: .0104-.020 inches Setting depth: From 140' feet to 180' 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): N/A
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. 0-0402
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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OCT 26 2004
BY: OLWR

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: Lamar
Permit #: _____
Driller: Tom Griffith water well
Date completed: 10-16-04

For Office Use Only:

Aquifer: _____
Well #: 11-125
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	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>1N</u> Rng <u>16W</u>
Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>Baxterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>10-16-04</u>	Setting Depth: <u>92'</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"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>52</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 140 <u>600</u> GPM with a drawdown of _____ feet after <u>600</u> 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 Pies. O-0402 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 26 2004
BY: OLWR