

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: 10-22-04
22

For Office Use Only:
Aquifer:
Well #: M-196
L. S. Elevation:
E-log #:

73

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 1634, Natchez, MS 71334, Telephone No. (318) 757-3274
Well Location: Latitude 31.03.31, Longitude 89.38.52, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SW 1/4 Sec 7, Twn 11N, Rng 16W, Distance 3 Miles, Direction W, Nearest Town Saxtonville

Well Data: Well Name Tellus Opu Co., Purpose of Well Other: Rig Supply, Date well drilling started 10-22-04, Date well drilling completed 10-22-04, If flowing, method of flow regulation Valve NA, Static Water Level 40 feet above or below land surface, Date measured 10-22-04, Method of Measurement air line, Hole depth 200 feet, Well depth 200 feet, Well grouted to a depth of 10 feet, Type of grout Cement, Casing length 160 feet, Casing diameter 4 inches, Type of casing PVC, Screen length 207.20 feet, Screen diameter 4 inches, Type of screen PVC, Screen slot size .010 x .020 inches, Setting depth From 160 feet to 200 feet, Type of completion Gravel packed, Top of lap pipe or reduction in casing NA feet, Logs run No log run, 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.

Print Name of Water Well Contractor and License No. Tom Griffith, Pres 0-0402

Signature of Water Well Contractor

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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: _____
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 10-22-04

For Office Use Only:

Aquifer: _____
 Well #: M-126
 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>Dot D Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box</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 ____ Twn ____ Rng
Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town ____ Miles ____ of _____

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>5 hp</u>
Date Pump Installed: <u>10-22-04</u>	Setting Depth: <u>126</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>4.5</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>75</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

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