

State Well Report

Part 1

County: Lafayette
Permit #: _____
Driller: Tom Griffith water well
Date drilling completed: 10-2-04

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-177
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>D+D Drilling</u> | Latitude: <u>31.03.06</u> Longitude: <u>89.37.13</u> |
| Mailing Address: <u>P.O. Box 1634</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>Ferriday, LA 71334</u> | <u>NE 1/4 NE 1/4 Sec 17 Twn 1N Rng 16W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(318) 757-3274</u> | <u>3</u> Miles <u>W</u> of <u>Waxterville</u> |

Tellus Operating Co Well Data Howard 17-1 No. 1

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

Date well drilling started: 10-2-04 Date well drilling completed: 10-2-04

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

Static Water Level: 70' feet above or below (circle one) land surface Date measured: 10-2-04

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

Hole depth: 130' Well depth: 130' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20420 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .0104 .020 inches Setting depth: From 90' feet to 130' 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.

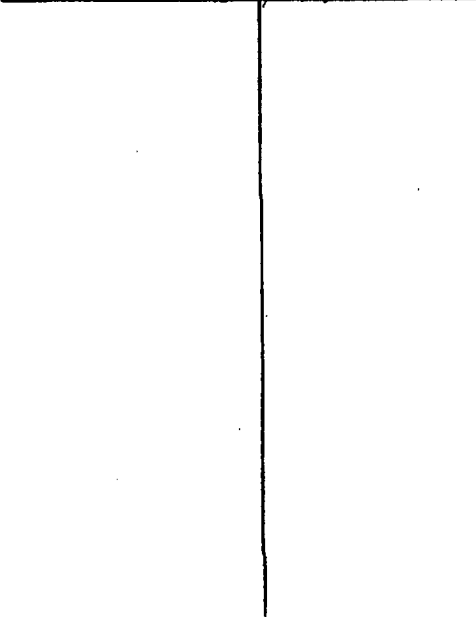
Tom Griffith, President 0-0402 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

M=127

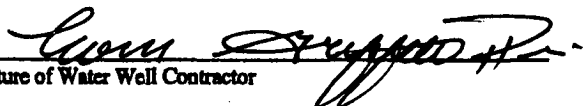


| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Sand | 6 | 10 |
| Clay | 10 | 50 |
| gravel | 50 | 130 |
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If more than one screen, show location of each on sketch

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.

Landowner Name: D&D Drilling


Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: LOUISIANA
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 10-2-04

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 #: M-127
 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>17</u> Twn <u>1N</u> Rng <u>16W</u> |
| Telephone No. <u>(387) 757-3274</u> | Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Baxterville</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>5 HP</u> |
| Date Pump Installed: <u>10-2-04</u> | Setting Depth: <u>110'</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>70'</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

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