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: 10-10-04

For Office Use Only:
Aquifer:
Well #: M-125 73
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

Owner Name: D & D Drilling
Mailing Address: P.O. Box 1634
Ferriday, LA 71334
City State Zip Code
Telephone No. (318) 757-3274

Well Location

Latitude: 31°03'33" Longitude: 91°37'02"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ SW ¼ Sec 16 Twn 11N Rng 16W
Distance 3 Miles Direction W of Nearest Town Baxterville

Well Data

Tellus Opn Co. Simpson No. 14

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

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

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

Static Water Level: 42' feet above or below (circle one) land surface Date measured: 10-10-04

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+20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 & .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): 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, Pres. 0-0402
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
NOV 01 2004
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level M-125

Description of Formations Encountered	From	To
Sand	0	78
Clay	78	100
Sand	100	180

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

RECEIVED
NOV 01 2004
BY: OLWR

STATE WELL REPORT
Part 2

County: _____

Permit #: _____

Driller: Tom Griffith water well

Date completed: 10-10-04

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-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

Owner Name: D & D Drilling

Mailing Address: P.O. Box 1634

Ferriday, LA 71334
City State Zip Code

Telephone No. (318) 757-3274

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

____ ¼ ____ ¼ Sec____ Twn____ Rng____

Distance Direction Nearest Town

____ Miles ____ of _____

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well

Other (specify): _____

Date Pump Installed: 10-10-04

Rated Pump Capacity: 60 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify): _____

Horse Power Rating of Motor: 5 hp

Setting Depth: 82' feet

Number of Stages: 10

Pump Test Data

Date Well Tested: Done

Static Water Level (A): 42 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) – (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

(Air Line) | Electric Measuring Line | Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 60 GPM with a drawdown of _____ feet after _____ hours of pumping

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]
Signature of Pump Installer

RECEIVED
NOV 01 2004
BY: OLWR