

State Well Report

Part 1

County: Lamar 013
 Permit #: _____
 Driller: Tom Griffith Water Well
 Date drilling completed: 2-10-05

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-129
 L. S. Elevation: _____
 E-log #: _____

Tom Griffith Water Well and Conductor Service Inc

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° 02' 49"</u> Longitude: <u>89° 39' 09"</u>
Mailing Address: <u>P.O. Box 1034</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ferriday, LA 71334</u>	<u>SW 1/4 NW 1/4 Sec 18 Twn 1N Rng 16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(318) 757-3274</u>	<u>12</u> Miles <u>W</u> of <u>Baxterville</u>

I. H. Bass 108 Rig 1 Well Data

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

Date well drilling started: 2-10-05 Date well drilling completed: 2-10-05

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 2-10-05

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

Hole depth: 240' Well depth: 240' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 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: .010x.020 inches Setting depth: From 200 feet to 240 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]
 Signature of Water Well Contractor

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 BY: OLWF

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: 2-10-05

For Office Use Only:

Aquifer: _____
 Well #: M-129
 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> Mailing Address: <u>P.O. Box 11634</u> <u>Ferriday LA 71334</u> <small>City State Zip Code</small> Telephone No. <u>(318) 757-3274</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng Distance _____ Direction _____ Nearest Town _____ <u>12 Miles W of Baxterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>2-10-05</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5HP</u> Setting Depth: _____ <u>147</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u> Static Water Level (A): <u>90</u> 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	<u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): <u>String</u> For flowing well, measured shut in head: _____ feet Well yielded <u>60</u> 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.

<u>Tom Griffith, Pres. 0-0402</u> Print Name of Pump Installer and License No. (if applicable)	<u>[Signature]</u> Signature of Pump Installer
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MAR 14 2005

BY: OLWR