

State Well Report

Part 1

County: Lamar 073

Permit #: _____

Driller: Tom Griffith Water well

Date drilling completed: 2-15-05

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-130

L. S. Elevation: _____

E-log #: _____

Tom Griffith Water Well and Conductor Drilling, 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°02'51"</u> Longitude: <u>89°37'17"</u>	
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>		<u>SE 4 NE 4 Sec 17 Twn 1N Rng 10W</u>	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. <u>318, 757-3274</u>		<u>10</u> Miles <u>W</u> of <u>Saxville</u>	
J.W. Howard 17-8 #2 Rig <u>OK</u>			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Rig Supply</u>			
Date well drilling started: <u>2-15-05</u>		Date well drilling completed: <u>2-15-05</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe): _____			
Static Water Level: <u>45</u> feet above or below (circle one) land surface Date measured: <u>2-15-05</u>			
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____			
Hole depth: <u>90'</u> Well depth: <u>90'</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>50</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>2420</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>0.075-0.020</u> inches Setting depth: From <u>50</u> feet to <u>90</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>NA</u>			
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.			
<u>Tom Griffith</u> President 0-0402		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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Ground Level

If more than one screen, show location of each on sketch

Landowner Name:

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Lamar
 Permit #: _____
 Driller: Tom Griffith water well
 Date completed: 2-15-05

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-130
 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>318, 757-3274</u>	Distance Direction Nearest Town <u>10</u> Miles <u>W</u> of <u>Baxterville, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>2-15-05</u>	Setting Depth: <u>85</u> 88 feet
Rated Pump Capacity: <u>600</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>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>String</u>
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, President 0-0402 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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