

State Well Report

Part 1

County: Louisiana 073
 Permit #: _____
 Driller: Tom Griffith Water Well and Conductor Service, Inc
 Date drilling completed: 2-12-05

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-134
 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: _____ " 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	<u>1/4 1/4 Sec 19 Twn 1N Rng 16W</u>
Telephone No. <u>(318) 757-3274</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Bastropville</u>

WH 19-1 # 120 Rig 5 Well Data

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

Date well drilling started: 2-12-05 Date well drilling completed: 2-12-05

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 2-12-05

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

Hole depth: 280' Well depth: 280' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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: 0.019-0.029 inches Setting depth: From 240 feet to 280 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 [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

Description of Formations Encountered	From	To
Clay	0	40
Clay	40	60
sand	60	65
Clay	65	178
Sand	178	280

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 *x wt: well*

[Signature]
Signature of Water Well Contractor

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: Lamar
 Permit #: _____
 Driller: TOM GRIFFITH
 Date completed: 2-12-05

For Office Use Only:

Aquifer: _____
 Well #: M-134
 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 1034</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>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>14</u> Rng <u>16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>38, 757-3274</u>	<u>4</u> Miles <u>SW</u> of <u>Baxterville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>2-12-05</u>	Setting Depth: <u>220</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>NA</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>130</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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