

State Well Report

Part I

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 #: B-60
L. S. Elevation:
B-log #:

County: MARION
Permit #: 0-402
Driller: Tom Griffith
Date drilling completed: 8/8/08

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 Will Drill Production Co., Mailing Address 416 Travis Street #1200, Shreveport LA 71101, Telephone No. 254 266-1657. Well Location: Latitude 31-22-16, Longitude 89-55-23, Method of Lat/Long Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 28 Twn 5N Rng 19W, Distance 4.5 Miles Direction W of Gross, MS.

Well Data: Purpose of Well Industrial, Date well drilling started 8.7.08, Date well drilling completed 8.8.08, Other Rig Supply, If flowing, method of flow regulation Valve 1/4, Static Water Level 20 feet above or below land surface, Date measured 8/7/08, Method of Measurement steel type, Hole depth 120, Well depth 100, Well grouted to a depth of 10 feet, Type of grout Cement, Bentonite, Mix, Casing length 80 feet, Casing diameter 4 inches, Type of casing PVC, Screen length 20 feet, Screen diameter 4 inches, Type of screen PVC, Screen slot size 0.020 inches, Setting depth: From 80 feet to 100 feet, Type of completion Gravel packed, Underreamed, Telescoped, Open hole, Natural Development, Other (describe):, Top of lap pipe or reduction in casing 1/4 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): none
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 Water Well LLC-58
Print Name of Water Well Contractor and License No.
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: B-60

Elevation: \_\_\_\_\_

County: Marion  
 Permit #: 0-402  
 Driller: Tom Griffith  
 Date completed: 8/8/08

**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>Will Drill Production Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>416 Travis St</u> <u>#1200</u> <u>Shreveport LA 71101</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( <u>258</u> ) <u>226-1657</u>	<u>1/4</u> <u>1/4</u> Sec. <u>28</u> Twn <u>5N</u> Rng. <u>19W</u>
	Distance Direction Nearest Town <u>4.5</u> Miles <u>W</u> of <u>Goss, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8/15/08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/8/08</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>2 1/4</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>100</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tom Griffith Water Well  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED

NOV 06 2008

BY: OLWR