

### State Well Report

#### Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: Tom Griffith Water Well  
 Date drilling completed: 6-23-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B 63  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>J.R. Pounds</u>        Mailing Address: <u>P.O. Box 991</u>  <u>Laurel MS 39441</u>        City State Zip Code        Telephone No.: <u>(601) 649-1743</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 21' 43"</u> Longitude: <u>89° 55' 26"</u>        Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 SW 1/4 Sec 28 Twn 5N Rng 19W</u>        Distance Direction Nearest Town  <u>5</u> Miles <u>NW</u> of <u>Goss</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6-20-09</u> Date drilling completed: <u>6-23-09</u> Hole depth: <u>100'</u> Hole diameter: <u>8"</u>        Location of the source of any surface water used for drilling: <u>Runway Creek 1 mile East Loc.</u>        Method of dosing and volume of Chlorine used in drilling and development: <u>H/A 2# / 1000 gal</u>        Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____        Name of organization running log(s): _____        Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>        Seismic Survey <input type="checkbox"/> Other (describe) _____        If drilling is not related to water well construction, skip the remainder of this block        Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <u>oil rig supply</u>        If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____        Static Water Level: <u>6</u> feet above or below (circle one) land surface Date measured: <u>6/24/09</u>        Method of Measurement (circle one) steel tape electric tape <input checked="" type="checkbox"/> air line other: _____        Well depth: <u>100'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix        Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>        Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>        Screen slot size: <u>0-010</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet        Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development        Other (describe): _____        Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: TOM Griffith Waterwell  
 Date completed: 6-23-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B 63  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>J. R. Pounds</u>	Latitude: <u>31-21-43</u> Longitude: <u>89-55-26</u>
Mailing Address: <u>P.O. Box 991</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Laurel MS 39441</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 T 5N R 19W</u>
Telephone No. <u>(601) 649 1743</u>	Distance Direction Nearest Town <u>5 Miles NW of Goss</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand 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>6-23-09</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>95</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/24/09</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>21/2</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>90</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

TOM Griffith Waterwell, Inc. License No. 0-402  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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