

State Well Report

Part 1

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: Marion
Permit #: _____
Driller: Tom Griffith Water Well
Date drilling completed: 5/10/2012

For Office Use Only:
Aquifer: C69
Well #: _____
L. S. Elevation: _____
B-log #: _____

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>Jerald Creel</u>	Latitude: <u>31° 21' 7" N</u> Longitude: <u>89° 51' 10" E</u>
Mailing Address: <u>345 Coverly Road</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Columbia MS 39429</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(601) 736-4281</u>	<u>N 4 S W 4 Sec 31 Twn 5 N Rng 18 W</u>
	Distance <u>5</u> Miles Direction <u>N</u> of Nearest Town <u>Columbia</u>

Well Data

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

Date well drilling started: 5/2/2012 Date well drilling completed: 5/4/2012

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: 5/4/2012

Method of Measurement (circle one) steel tape electric tape air line other: string w/ wt-

Hole depth: 305 Well depth: 305 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 265 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 10420 inches Setting depth: From 265 feet to 305 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: N/A 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): N/A

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 0-402
Print Name of Water Well Contractor and License No.

Tom Griffith, Inc.
Signature of Water Well Contractor

6/8/2012 well bringing very fine sand. Installed 4"x2" PVC sand trap w/ 0.008 screen.
TJG

RECEIVED
JUN 19 2012
BY: OLWR

RECEIVED
 JUN 19 2012
 BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Print Name of Pump Installer and License No. (if applicable) Tom Griffith 0-402
 Signature of Pump Installer [Signature]

Pump Test Data
 Date Well Tested: 5/10/12
 Static Water Level (A): 70 Feet Below Land Surface
 Pumping Water Level (B): 70 Feet Below Land Surface
 Drawdown (B) - (A): 0 Feet Below Land Surface
 Test Pumping Rate: 20 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
 Air Line Electric Measuring Line Steel Tape
 Other (specify): string w/ wtf.
 For flowing well, measured shut in head: n/a feet
 Well yielded 20 GPM with a drawdown of 4 feet after 4 hours of pumping

Pump Type
 Circle one
 Air Lift Jet Pluton Turbine Submersible
 Bucket Centrifugal Rotary Flowing Well

Other (specify): _____
 Date Pump Installed: 5/10/2012
 Rated Pump Capacity: 20 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Hand Tractor PTO
 Windmill Electric Motor
 Horse Power Rating of Motor: 1 1/2 hp
 Siting Depth: 168' feet
 Number of Stages: 12

Well Owner Information
 Owner Name: Jerald Creel
 Mailing Address: 345 Conover Road
 City: Columbia, MS State: MS Zip Code: 39429
 Telephone No. 601-936-4281

Well Location
 Latitude: 31° 21' 7" N Longitude: -89° 51' 10" E
 Method of Location (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
 Distance 5 Miles N of Columbia Direction N of Columbia Nearest Town

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

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Part 2
 STATE WELL REPORT

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

