

State Well Report

Part 1

County: Perry
 Permit #: _____
 Driller: Tom Griffith Water Well
 Date drilling completed: 2/17/2012

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 #: A 76
 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>Joey Carter</u>	Latitude: <u>31° 22' 16.17" N</u> Longitude: <u>89° 07' 12.82" W</u>
Mailing Address: <u>Box 110, Hwy 29</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Elev 141'</u>
<u>Runnelstown, Ms 39401</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 29 Twn 5N Rng 11W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>SW</u> of <u>Runnelstown</u>

Well Data

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

Date well drilling started: 2/13/2012 Date well drilling completed: 2/17/2012

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 2/17/2012

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

Hole depth: 570' Well depth: 30 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 10 feet Casing diameter: 4 inches Type of casing: 3" x 4" PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: 3" x 4" PVC

Screen slot size: 0-010 inches Setting depth: From 10 feet to 30 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: None

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 Water Well - Inc
0-402

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Tom Griffith

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5785

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A76

Elevation: _____

County: Perry

Permit #: _____

Driller: Tou Griffith Water Well

Date completed: 2/17/2012

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

Owner Name: Joey Carter

Mailing Address: Box 110, Hwy 29

Runnelstown, MS 39401
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 31° 22' 16.19" N Longitude: 89° 07' 18.82" W

Method of Lat/Long (circle one): Conventional Survey.

USGS quad, Hand-held GPS, Survey grade GPS

1/4 _____ 1/4 Sec 29 Twn 5N Rng 11W

Distance Direction Nearest Town

1 Miles SW of Runnelstown, MS

Pump Type Circle one

Air Lift Jet Submersible
Bucket Platon Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 2/17/2012

Rated Pump Capacity: 12 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 25 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 2/17/2012

Static Water Level (A): 10 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 25 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 1 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____

For flowing well, measured shut in head: n/a feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Tou Griffith Water Well, Inc.

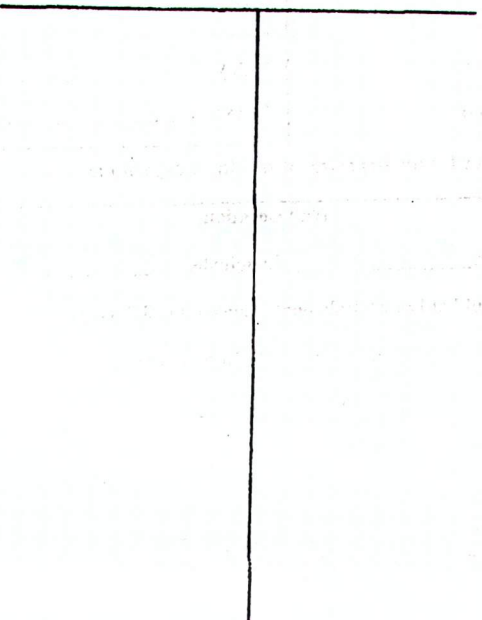
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer [Signature]

0-402

If well telescopes please sketch below and show depths.

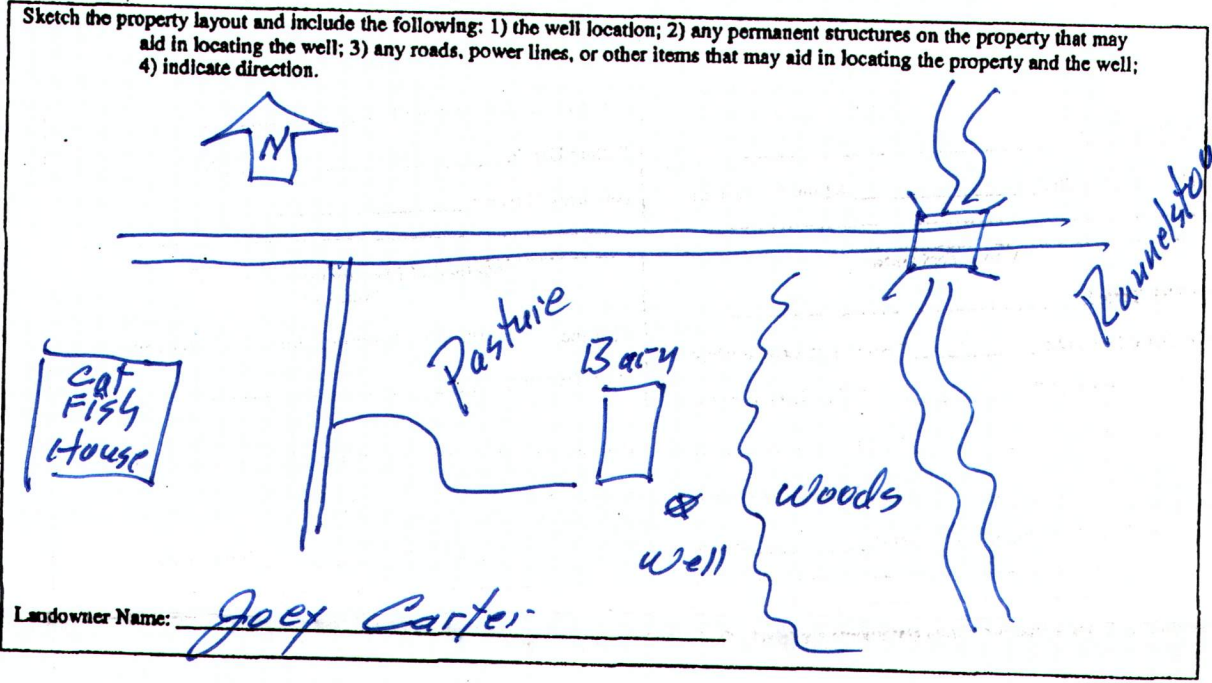
Ground Level



Description of Formations Encountered	From	To
Top Soil & Clay,	0	10
shale & gravel	10	30
Clay	30	520'

520'

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



[Signature]
 Signature of Water Well Contractor

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