

State Well Report

Part I

County: Pike
Permit #: _____
Driller: Tom Griffith Water Well
Date drilling completed: 2/10/12

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 #: C135
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>Edward & Wendy Tarver</u>	Latitude: <u>31° 16' 17.58" N</u>	Longitude: <u>90° 16' 42.24" W</u>	
Mailing Address: <u>2140 Coward Price Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>18</u>		
<u>Tylertown, MS 39667</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>34</u> Twn <u>4N</u> Rng <u>9E</u>		
Telephone No. <u>(601) 551-4577</u>	Distance <u>10</u> Miles	Direction <u>N</u>	Nearest Town <u>Tylertown</u>

Well Data

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

Date well drilling started: 2/8/2012 Date well drilling completed: 2/10/2012

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 2/10/2012

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

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: sch 40 PVC

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

Screen slot size: 0.010 inches Setting depth: From 90 feet to 110 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 & Conductor Service, Inc.
0-402

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

RECEIVED
MAR 16 2012
BY: OLWF

If well telescopes please sketch below and show depths.

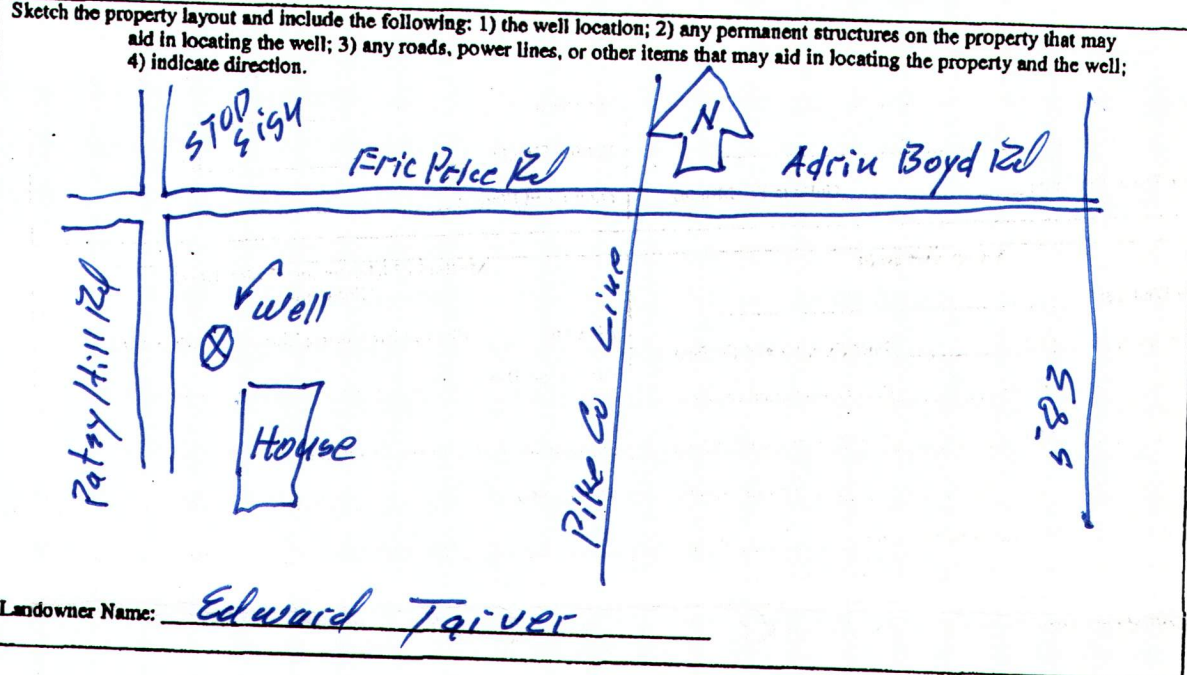
Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Soil	0	2
Clay	2	50
Sand / 4 1/2 ft. Gravel	50	110

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



Landowner Name: Edward Taver

[Signature]
Signature of Water Well Contractor

RECEIVE
MAR 16 201
BY: OLV

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)961-3210
(601)354-6938 (fax)

For Office Use Only

County: Pike
 Permit #: _____
 Driller: Tom Griffith
 Date completed: 2/10/12

Aquifer: _____
 Well #: C135
 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>Wendy + Edward Tarver</u>	Latitude: <u>31°16'17.58N</u> Longitude: <u>90°16'42.24" W</u>
Mailing Address: <u>2140 Coward Price Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey grade GPS
<u>Tylertown, Ms 39067</u> City State Zip Code	1/4 Sec <u>34</u> Twn <u>4N</u> Rng <u>9E</u>
Telephone No. <u>601.551-4577</u>	Distance Direction Nearest Town <u>10 Miles N of Tylertown, Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>85</u> feet Number of Stages: <u>10</u>
Date Pump Installed: <u>2/10/2012</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/10/2012</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>2 1/2</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</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 Water Well 0-402
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer