

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)

For Office Use Only:

Aquifer: E 306
Well #: _____
L. S. Elevation: _____
B-log #: _____

County: Pike
Permit #: _____
Driller: Tom Griffith
Date drilling completed: 6/1/2012

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>Chris Gullick</u>		Latitude: <u>31° 13' 22" N</u> Longitude: <u>90° 21' 43" E</u>	
Mailing Address: <u>1108 Sherwood Dr.</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>McCoub, Ms 39648</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>NE</u> 1/4 <u>50</u> 1/4 Sec <u>14</u> Twn <u>3N</u> Rng <u>8E</u>	
Telephone No. <u>(601) 600-6251</u>		Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>McCoub, Ms</u>	
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>5/30/2012</u> Date well drilling completed: <u>6/1/2012</u>			
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>			
Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>6/1/2012</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>160</u> Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>120</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 slot</u>			
Screen slot size: <u>0.010</u> inches Setting depth: From <u>120</u> feet to <u>160</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>N/A</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
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.			
<u>Tom Griffith Water Well - Blue</u>			
<u>Tom Griffith 0-402</u>			
Print Name of Water Well Contractor and License No.		<u>Chris Gullick</u>	Signature of Water Well Contractor

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BY: OLWR

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 #:
Elevation:

E306

County: Pike
Permit #:
Driller: Tom Griffith
Date completed: 6/11/2012

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: Chris Gullick, 1108 Sherwood Dr, 14c Comb, MS 39648, 601-600-6251
Well Location: Latitude: 31°13'22"N, Longitude: 90°21'43"E, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey grade GPS, 1/4 Sec 14, Twn 3N, Rng 8E, Distance 5 Miles E of 14c Comb, MS

Pump Type: Submersible
Power Type: Electric Motor
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed: 6/11/2012
Rated Pump Capacity: 10 Gallons Per Minute
Diesel Engine, Gasoline Engine, Natural Gas, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 100 feet
Number of Stages: 10

Pump Test Data: Date Well Tested: 6/11/2012, Static Water Level (A): 50 Feet Below Land Surface, Pumping Water Level (B):, Drawdown ((B) - (A)):, Test Pumping Rate: 10 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 1 hours
Method of Measuring Water Level: Steel Tape
Air Line, Electric Measuring Line, Other (specify):
For flowing well, measured shut in head: 2 1/2 feet
Well yielded 10 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.
Tom Griffith Water-Well, Inc
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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