

State Well Report

Part I

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 #: U-61
L. S. Elevation:
E-log #:

County: Sunflower
Permit #:
Driller: Tom Griffith Water Well
Date drilling completed: 12/15/2007

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: Owner Name Shuler Drilling Co. Inc, Mailing Address 3514 West Hillsboro St., El Dorado, AR 71730, Telephone No. 870 863-7234. Well Location: Latitude 33° 21' 36" Longitude 90° 31' 12", Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance 7 Miles Direction E of Inverness MS.

Well Data: Purpose of Well Oil Reg Supply, Date well drilling started/completed 12/15/2007, Static Water Level 30 feet, Method of Measurement string, Hole depth 110', Well depth 110', Well grouted to a depth of 10 feet, Type of grout Cement, Casing length 70 feet, Casing diameter 4 inches, Type of casing PVC, Screen length 40 feet, Screen diameter 4 inches, Type of screen PVC slat, Screen slot size 0.020-0.010 inches, Setting depth From 70 feet to 110 feet, Type of completion Open hole, Top of lap pipe or reduction in casing n/a, Logs run n/a.

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.
Print Name of Water Well Contractor and License No. Tom Griffith Water Well, Inc. 403
Signature of Water Well Contractor

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BY OLWR

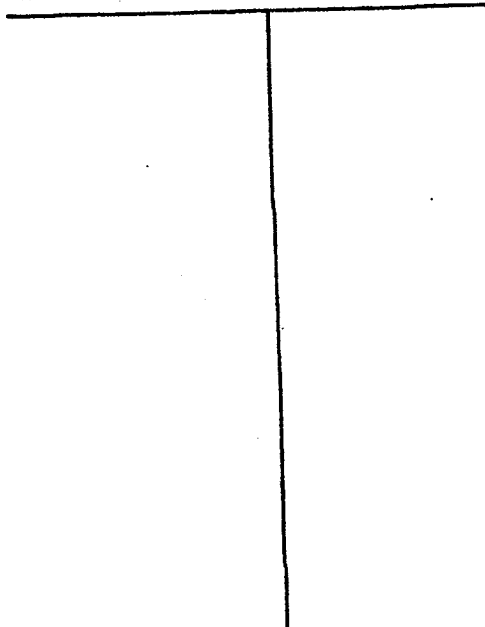
12/15/2007

Skuler Drilling

U-61

If well telescopes please sketch below and show depths.

Ground Level



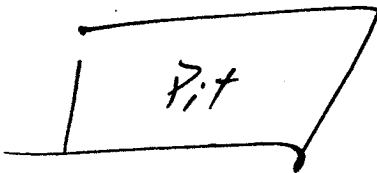
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	45
Sand	45	110

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



water Well

oil well

Landowner Name: Skuler

Signature of Water Well Contractor: [Handwritten Signature]

403

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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)

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: U-61  
 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>Shuler Drilling Co INC</u> Mailing Address: <u>3514 West Hillsboro St</u>  <u>El Dorado AR 71730</u> <small>City State Zip Code</small>  Telephone No. <u>(870) 863-7234</u>	Latitude: <u>33°21'36"89</u> Longitude: <u>90°31'12"25</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey grade (GPS) <u>4</u> <u>4</u> Sec <u>4</u> Twn <u>17N</u> Rng <u>3W</u> Distance Direction Nearest Town <u>7 Miles E</u> of <u>Everness MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine Centrifugal Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>80</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>63</u> feet Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>None</u> Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>80</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>string</u> For flowing well, measured shut in head: _____ 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.

Tom Griffith Water Well 1403  
 Print Name of Pump Installer and License No. (if applicable)

Tom Griffith  
 Signature of Pump Installer

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