

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: _____
 Well #: E-91
 L. S. Elevation: _____
 E-log #: _____

County: Copiah
 Permit #: _____
 Driller: E.M. Bud CRESSWELL
 Date drilling completed: 9-14-07

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>DONALD BENNETT</u>	Latitude: <u>32° 01'</u> Longitude: <u>90° 31'</u>
Mailing Address: <u>2048 LOWS CHAPEL LANE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>UTICA MS. 39175</u>	1/4 _____ 1/4 Sec <u>9</u> Twn <u>2-N</u> Rng <u>1-W</u>
City State Zip Code	Distance _____ Direction <u>East</u> Nearest Town <u>Utica</u>
Telephone No. <u>504-512-0926</u>	<u>4</u> Miles of _____

Well Data

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

Date well drilling started: 9-3-07 Date well drilling completed: 9-14-07

If flowing, method of flow regulation: Valve 2 Other (describe) _____

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 9-14-07

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

Hole depth: 530 Well depth: 515 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 475 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 010 inches Setting depth: From 475 feet to 515 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: X 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): _____

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 SEP 21 2007
 BY: OLWR

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.

E.M. "Bud" CRESSWELL 0-150
 Print Name of Water Well Contractor and License No.

Ernest M. Cresswell
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-91

Ground Level

Description of Formations Encountered	From	To
SURFACE DEPOSITS	0	10
SAND	10	55
SHALE-ROCK	55	460
SAND	460	515
SHALE	515	530

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.

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BY: OLWR

Landowner Name: DONALD BENNETT

Ernest M. Crosswell
Signature of Water Well Contractor

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: Copiah
 Permit #: _____
 Driller: E.M. Bud Cresswell
 Date completed: 9-15-07

For Office Use Only:

Aquifer: _____
 Well #: E-91
 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>DONALD BENNETT</u>	Latitude: <u>32-01</u> Longitude: <u>90-31</u>
Mailing Address: <u>2048 LOWS CHAPEL ROAD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>UTICA, MS-39175</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	____ 1/4 ____ 1/4 Sec <u>9</u> Twn <u>2-N</u> Rng <u>1-W</u>
Telephone No. <u>(504) 512-0926</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>East</u> of <u>Utica</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u> RECEIVED
Date Pump Installed: <u>9-15-07</u>	Setting Depth: <u>147</u> SEP 24 2007
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u> BY OLWB

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>X</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>115</u> Feet <u>Below</u> Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

E.M. "Bud" Cresswell 0-150 Ernest M. Cresswell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer