

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 #: Q-84
 L. S. Elevation: _____
 E-log #: _____

County: Hinds
 Permit #: _____
 Driller: Bud Cresswell
 Date drilling completed: 3-8-05

E.M. Bud Cresswell Water Well Drilling and Service

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>Lee Schelling</u>	Latitude: <u>32° 09' 85.4"</u> Longitude: <u>90° 21' 95.5"</u>
Mailing Address: <u>2428 GWINARD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>TERRELL, MS - 39170</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 26</u> <u>Twn 4-N Rng 2-W</u>
Telephone No. <u>(601) 857-8722</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>East</u> of <u>Midway Store</u>

Well Data

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

Date well drilling started: 3-1-05 Date well drilling completed: 3-8-05

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 3-8-05

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

Hole depth 400 Well depth: 382 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 372 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 372 feet to 382 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: _____ 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): State

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.

Bud Cresswell
 Signature of Water Well Contractor

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MAR 24 2005
 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 #: Q-84

Elevation: _____

County: Windsor
 Permit #: _____
 Driller: _____
 Date completed: 3-8-05

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>LEE SCHILLING</u>	Latitude: <u>32-09-854</u> Longitude: <u>90-21-955</u>
Mailing Address: <u>2428 FWINN RD.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>TERRY MS. 39170</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec. <u>26</u> Twn <u>4-N</u> Rng <u>2-W</u>
Telephone No. <u>(601)857-8722</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>East</u> of <u>Midway Stone</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-8-05</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>10 GPM</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>ND</u> Feet Below Land Surface	<u>NA</u>
Drawdown [(B) - (A)]: <u>ND</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>NA</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): <u>ND</u> hours	_____ feet after _____ hours of pumping

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

E.M. BUD CRESSWELL - 0-150
 Print Name of Pump Installer and License No. (if applicable)

Bud Cresswell
 Signature of Pump Installer

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 BY: OLWR