

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 #: **R-198**
L. S. Elevation: _____
E-log #: _____

49

County: Hinds
Permit #: _____
Driller: Bud Cresswell
Date drilling completed: 9-16-04

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>Thomas Apell</u>	Latitude: <u>32°09'33"</u> Longitude: <u>90°18'27"</u>
Mailing Address: <u>P.O. Box 631</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>CRYSTAL SPRINGS MS 39059</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec. <u>28</u> Twn <u>4-N</u> Rng <u>1-W</u>
Telephone No. <u>(601) 750-0986</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>North</u> of <u>Lery</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>farm</u>	
Date well drilling started: <u>9-13-04</u>	Date well drilling completed: <u>9-16-04</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>153</u> feet above or below (circle one) land surface	Date measured: <u>9-20-04</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>480</u> Well depth: <u>290</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>270</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0-10</u> inches Setting depth: From <u>270</u> feet to <u>290</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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 <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>state</u>	

RECEIVED
OCT 13 2004
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.

Bud Cresswell
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: Jefferson
 Permit #: _____
 Driller: E.M. Bud CRESSWELL
 Date completed: 9-20-04

For Office Use Only:

Aquifer: _____
 Well #: R-198
 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>Thomas Spell</u>	Latitude: <u>32°09.33</u> Longitude: <u>90°18-27</u>
Mailing Address: <u>P.O. Box 631</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Crystal Springs, MS 39059</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>28</u> Twn <u>4-N</u> Rng <u>1-W</u>
Telephone No. <u>(601) 750-0986</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>North</u> of <u>Zerry</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input 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</u>
Date Pump Installed: <u>9-20-04</u>	Setting Depth: <u>273</u> feet
Rated Pump Capacity: <u>7-GPM</u> Gallons Per Minute	Number of Stages: <u>16</u>

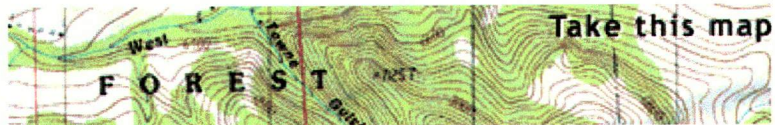
RECEIVED
 OCT 13 2004
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): _____ Feet Below 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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 Bud Cresswell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

topozone



VIEW MAPS GET DATA MY TOPOZONE WEB SERVICES ABOUT US

32° 09' 33"N, 90° 18' 27"W (WGS84)
USGS **New Byram** Quad

[View TopoZone Pro aerial photos, shaded relief, street maps, interact](#)

Map/Photo Info

Topo Download

Photo Download

USGS Topo Maps

- 1:24K/25K Series
- 1:100K Series
- 1:250K Series

Map Size

- Small
- Medium
- Large

View Scale

1 : 50,000

Update Map

Coordinate Format

D/M/S

Coordinate Datum

WGS84/NAD83

Show target

[Email this map](#)

[Bookmark this map](#)

[Print this map](#)

myTopo.com

GET A
CUSTOM
MAP PRINT

