

Part 2 never received 3/13

# 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 #: Ø-65 57  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Holmes  
Permit #: \_\_\_\_\_  
Driller: E.M. Bud Cresswell  
Date drilling completed: 11-19-04

E.M. 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>Chat Phillips</u>	Latitude: <u>33°02'07"</u> Longitude: <u>90°22'45"</u>
Mailing Address: <u>4024 MONEY SUNK RD</u>	Method of Lat/Long (circle one): <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Yazoo City, MS 39194</u>	NW ¼ NW ¼ Sec <u>26</u> Twn <u>14-N</u> Rng <u>2-W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>N-W</u> of Nearest Town: <u>Eden</u>
Telephone No. <u>(601) 746-4408</u>	

### Well Data

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

Date well drilling started: 11-19-04 Date well drilling completed: 11-19-04

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 11-19-04

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 016 inches Setting depth: From 100 feet to 120 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): \_\_\_\_\_

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 Bud Cresswell  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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