

June - 2007 - START NEW LOG YEAR

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 #: K-182
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: _____
Driller: E.M. Cresswell
Date drilling completed: 6-19-07

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

Owner Name: HOMER BAKER
Mailing Address: P.O. BOX 88
Louise, MS. 39097
City State Zip Code
Telephone No. (662) 571-3244

Well Location

Latitude: 32.58. N Longitude: 90.35. W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 15 Twn 13. N Rng 14. W
Distance Direction Nearest Town
Miles of Louise

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-19-07 Date well drilling completed: 6-19-07
If flowing, method of flow regulation: Valve X Other (describe) T
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 6-19-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 4 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 2/16 inches Setting depth: From 70 feet to 110 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): _____

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.

ERNEST M. CRESSWELL 0-150 Ernest M. Cresswell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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K-182

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
<i>2 1/2' sump sand</i>	<i>0</i>	<i>10</i>

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.

Landowner Name: HOMER BAKER

Ernest D. Creswell
Signature of Water Well Contractor

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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: Lumpkin
 Permit #: _____
 Driller: E.M. Cresswell
 Date completed: 6-19-07

For Office Use Only:

Aquifer: _____
 Well #: K-182
 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>HOMER BAKER</u>	Latitude: <u>32-58 N</u> Longitude: <u>90-35 W</u>
Mailing Address: <u>P.O. Box 88</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Louise, MS. 39097</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>13</u> Rng <u>4</u> <u>W</u>
Telephone No. <u>(662) 571-3244</u>	Distance Direction Nearest Town
	<u>Louise</u> Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine <u>Gasoline Engine</u> Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>6-19-07</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-19-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>32</u> <u>Feet Below Land Surface</u>	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.

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

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