

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 #: D-43
L. S. Elevation: _____
E-log #: _____

County: Issaquena
Permit #: _____
Driller: E.M. Bud Cresswell
Date drilling completed: MARCH 23, 2006

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>Douglas Johnson</u>	Latitude: <u>32° 39' 00" ⁴⁰</u>	Longitude: <u>90° 58' 12" ¹²</u>	
Mailing Address: <u>3709 BROCKBANK DR.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS <u>8W</u>		
<u>SALT LAKE CITY, UTAH 84124</u>	<u>1/4</u>	<u>1/4</u> Sec <u>37</u>	Twn <u>10N</u> Rng <u>2E</u>
City State Zip Code			
Telephone No. <u>(801) 277-4410</u>	Distance <u>4</u> Miles	Direction <u>NW</u>	Nearest Town <u>VALLEY PARK</u>

Well Data

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

Date well drilling started: MARCH 23, 2006 Date well drilling completed: MARCH 23, 2006

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 3.23.06

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: 90 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 90 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. "Bud" CRESSWELL 0-150 Bud Cresswell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
MAR 31 2006
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:

County: Issaquena
Permit #:
Driller: E.M. Bud Cresswell
Date completed: MARCH 23-06

Aquifer:
Well #: D-43
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>Doniah Johnson</u>	Latitude: <u>32-3900</u> Longitude: <u>90-9400</u>
Mailing Address: <u>3709 BROCKBANK DR.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>SALT LAKE CITY UTAH 84124</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>37</u> Twn <u>10N</u> Rng <u>2-E</u>
Telephone No. <u>(801) 277-4410</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>VALLEY PARK</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>MARCH 23-2006</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>22</u> 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.

ERNEST M. "Bud" CRESSWELL 0-150
Print Name of Pump Installer and License No. (if applicable)

Bud Cresswell
Signature of Pump Installer

RECEIVED
MAR 31 2006
BY: OLWR