

# 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 #: E-25

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Itasca  
Permit #: \_\_\_\_\_  
Driller: Bud Cresswell  
Date drilling completed: 5-24-05

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>Bobby O'BRIANT</u>	Latitude: <u>91° 02' 30"</u> Longitude: <u>32° 34' 15"</u>
Mailing Address: <u>LANEY CAMP COMMUNITY</u> <u>756 LANEY CAMP RD</u> <u>VICKSBURG MS. 39183</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 279-6199</u>	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>9-N</u> Rng <u>2-E</u>
	Distance Direction Nearest Town _____ Miles of _____ <u>Chataret Lake Camp</u>

**Well Data**

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

Date well drilling started: 5-24-05 Date well drilling completed: 5-24-05

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

Static Water Level: 12 feet above of below (circle one) land surface Date measured: 5-24-05

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: 0.16 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): \_\_\_\_\_

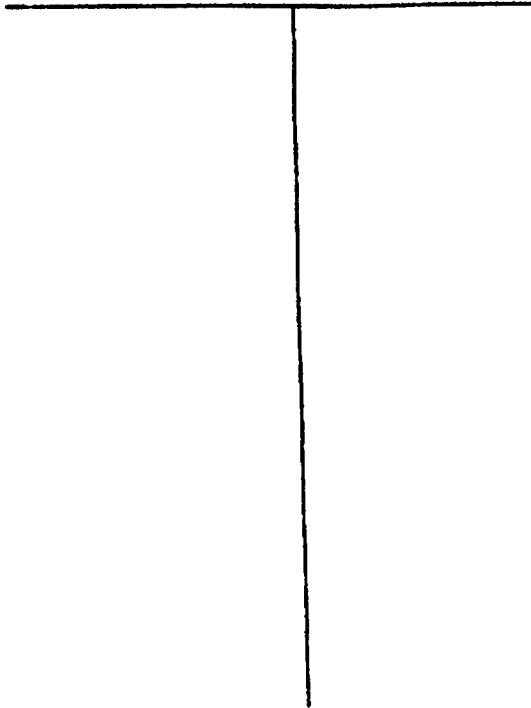
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

If well telescopes please sketch below and show depths.

E-25

Ground Level



Description of Formations Encountered	From	To
Sandy	0	30
sand-gravel	30	110

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: Bobby O'BRIANT - LANEY CAMP COMMUNITY

Ernest M. Crenwell

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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: E-25

Elevation: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Ernest Cresswell  
 Date completed: 5-24-05

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>Bobby O'BRIAN</u>	Latitude: <u>90-02-30</u> Longitude: <u>32-34-15</u>
Mailing Address: <u>LANEY CAMP Community</u> <u>756 LANEY CAMP RD</u> <u>Vicksburg - MS. 39183</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>9-N</u> Rng <u>2-E</u>
Telephone No. <u>(601) 279-6199</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of <u>Chotard Lake</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>5-26-05</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
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 _____
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 A. CRESSWELL - 0-150  
 Print Name of Pump Installer and License No. (if applicable)

Ernest Cresswell  
 Signature of Pump Installer