

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-26
L. S. Elevation: _____
E-log #: _____

County: Madison
Permit #: _____
Driller: Bud Cresswell
Date drilling completed: 2-14-06

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>BICKERSTAFF BROTHERS, INC.</u>	Latitude: <u>32° 38'</u>	Longitude: <u>91° 00'</u>	
Mailing Address: <u>P.O. Box 1450</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS		
<u>BATESVILLE, MS. 38606</u>	<u>1/4</u>	<u>1/4</u> Sec. <u>14</u>	Twn <u>9-N</u> Rng <u>8-W</u>
City State Zip Code	Distance <u>4</u> Miles	Direction <u>North</u>	Nearest Town <u>Valley Park</u>
Telephone No. <u>(662) 563-8370</u>			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>office</u>			
Date well drilling started: <u>2-14-06</u>		Date well drilling completed: <u>2-14-06</u>	
If flowing, method of flow regulation: Valve <input checked="" type="checkbox"/> Other (describe) _____			
Static Water Level: <u>12</u> feet above or below (circle one) land surface		Date measured: <u>2-14-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>120</u> feet		Well depth: <u>115</u> feet	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>95</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>.016</u> inches		Setting depth: From <u>95</u> feet to <u>115</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: <input checked="" type="checkbox"/> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable) <u>No log run</u> 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.			
<u>ERNEST M. "BUD" CRESSWELL 0-150</u>		<u>Ernest M. Cresswell</u>	
Print Name of Water Well Contractor and License No.		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: Madison
 Permit #: _____
 Driller: Bud Cresswell
 Date completed: 2-14-06

For Office Use Only:

Aquifer: _____
 Well #: E-26
 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>BICKERSTAFF BROTHERS, INC.</u> Mailing Address: <u>P.O. Box 1450</u> <div style="text-align: center; margin-top: 10px;"> <u>BATESVILLE, MS 38606</u> <small>City State Zip Code</small> </div> Telephone No. <u>(662) 563-8370</u>	Latitude: <u>32-38</u> Longitude: <u>91-00</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>9-N</u> Rng <u>8-E</u> Distance _____ Direction _____ Nearest Town <u>Valley Park</u> <u>4</u> Miles <u>North</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>2-14-06</u> Rated Pump Capacity: <u>18</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>63</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ hours of pumping _____ feet after _____

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)

Ernest M. Cresswell
 Signature of Pump Installer

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