

# 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 #: H-25  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: E.M. Bud CRESSWELL  
 Date drilling completed: 8-27-07

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	Well Location
Owner Name: <u>RUDY WARNOCK</u>	Latitude: <u>32°44'49"</u> Longitude: <u>89°55'01"</u>
Mailing Address: <u>P.O. Box 1623</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CANTON MS 39046</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>5</u> Twn <u>14E</u> Rng <u>10-N</u>
Telephone No. <u>601, 906-6660</u>	Distance: <u>10</u> Miles Direction: <u>north</u> of Nearest Town: <u>Canton</u>

**Well Data**

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

Date well drilling started: 8-27-07 Date well drilling completed: 8-27-07

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 8-27-07

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

Hole depth: 140 Well depth: 140 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: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/16 inches Setting depth: From 100 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap 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.

E.M. Bud CRESSWELL 0-150 E.M. Bud Cresswell  
 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)

For Office Use Only

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

Well #: M-25

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

County: Madison  
 Parcel #: \_\_\_\_\_  
 Driller: E.M. Bud CRESSWELL  
 Date completed: 8-30-07

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>RUDY WARNOCK</u>	Latitude: <u>32-44</u> Longitude: <u>89-55</u>
Mailing Address: <u>P.O. Box 1623</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CANTON MS 39046</u>	USGS quad, (Hand-held OPS, Survey-grade OPS)
City State Zip Code	<u>1/4</u> <u>1/2</u> Sec <u>5</u> Twp <u>4E</u> Rng <u>10-N</u>
Telephone No. <u>(601) 906-6660</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>South</u> of <u>Canton</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>105</u> feet Number of Stages: <u>8</u>
Date Pump Installed: <u>Aug. 30-2007</u>	
Rated Pump Capacity: <u>75</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>20</u> 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      Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured about in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

E.M. Bud Cresswell  
 Signature of Pump Installer

SEP 10 2007

BY: OLWR

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