

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-42
L. S. Elevation: _____
E-log #: _____

County: Madison
Permit #: _____
Driller: EM. Bud CRESSWELL
Date drilling completed: 8-6-07

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>RUTH TANNER</u>	Latitude: <u>32°36'18"</u> Longitude: <u>90°20'10"</u>
Mailing Address: <u>339 RATLIFF ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>FLORA</u> MS. <u>39071</u>	USGS quad, <u>SW 1/4 SE 1/4 Sec 19 Twp 9.4 Rng 1-W</u>
City State Zip Code	Distance <u>3</u> Miles <u>North</u> Direction of <u>Flora</u> Nearest Town
Telephone No. <u>601-879-8294</u>	

Well Data

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

Date well drilling started: 8-6-07 Date well drilling completed: 8-6-07

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 8-6-07

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

Hole depth: 50 Well depth: 50 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 40 feet to 50 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
Print Name of Water Well Contractor and License No.

Ernest M. Cresswell
Signature of Water Well Contractor

RECEIVED
AUG 21 2007
B. G. L. A. F.

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: EM Bud Cresswell
 Date completed: 8-6-07

For Office Use Only:

Aquifer: _____
 Well #: K-42
 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>RUTH TANNER</u> Mailing Address: <u>339 RATLIFF ROAD</u> <u>FLORA MS 39071</u> <small>City State Zip Code</small> Telephone No.: <u>(601) 879-8294</u>	Latitude: <u>32.36</u> Longitude: <u>90.20</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>29-N</u> Rng <u>1-W</u> Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Flora</u>

Pump Type Circle one	Power Type Circle one
Air Lift: _____ Bucket: _____ Centrifugal: _____ Other (specify): _____ Date Pump Installed: <u>8-6-07</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____ Electric Motor: <u>(circled)</u> Hand: _____ Tractor PTO: _____ Windmill: _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>42</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-6-07</u> Static Water Level (A): <u>26</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: _____ Steel Tape: <u>(circled)</u> Other (specify): _____ For flowing well, measured shut 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.
ERNEST M. CRESSWELL 0-150
 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer: Ernest M. Cresswell
 RECEIVED
 24 2007
 BY OLWF