

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 #: L-33
L. S. Elevation: _____
E-log #: _____

County Madison
Permit #: _____
Driller: E.M. Bud CRESSWELL
Date drilling completed: 5-8-07

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>William Phillips</u>	Latitude: <u>32° 34' 50"</u> Longitude: <u>90° 10' 60"</u>
Mailing Address: <u>P.O. Box 1317</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ridge Land, MS 39158</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 36</u> Twn <u>9-N</u> Rng <u>1-E</u>
Telephone No. <u>(601) 898-3004</u>	Distance: <u>7</u> Miles <u>west</u> of <u>Canton</u>

Well Data

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

Date well drilling started: 5-3-07 Date well drilling completed: 5-8-07

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

Static Water Level: 155 feet above or below (circle one) land surface Date measured: 5-8-07

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

Hole depth: 540 Well depth: 540 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 480 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/3 inches Setting depth: From 480 feet to 540 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.

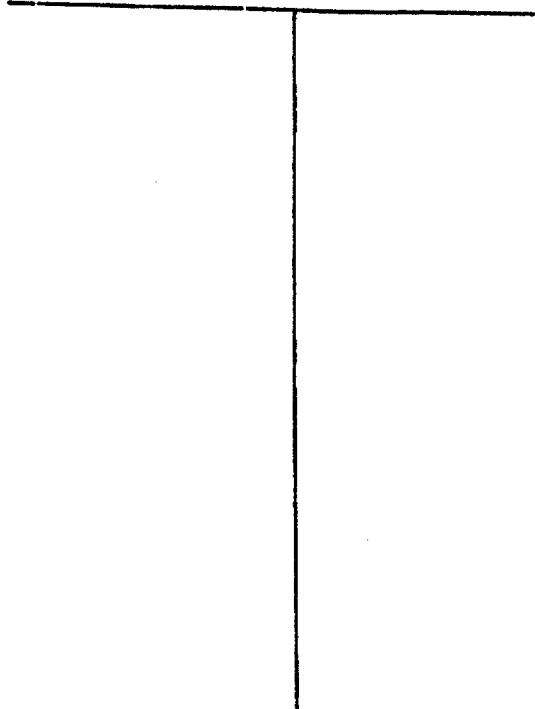
ERNEST M. CRESSWELL 0-150 Ernest M. Cresswell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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L-33

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
yellow clay	0	50
gray clay	50	275
McKays Branch	275	310
shale light	310	430
sand	410	540

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: William PHILLIPS

Ernest M. Caswell
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: E.M. Bud CRESSWELL
 Date completed: 5-10-07

For Office Use Only:

Aquifer: _____
 Well #: L-33
 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>William PHILLIPS</u>	Latitude: <u>32-34-50</u> Longitude: <u>90-10-60</u>
Mailing Address: <u>P.O. Box 1317</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Ridgeland MS. 39158</u>	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>9-N</u> Rng <u>1-E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 898-3004</u>	<u>7</u> Miles <u>west</u> of <u>Canton</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>5</u>
Date Pump Installed: <u>5-10-07</u>	Setting Depth: <u>2.52</u> feet
Rated Pump Capacity: <u>75</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"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
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 _____ 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. CRESSWELL 0-150 Ernest M. Cresswell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAY 25 2007
 BY: OLWR