

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-34
L. S. Elevation: _____
E-log #: _____

County: Madison
Permit #: _____
Driller: E.M. "Bud" CRESSWELL
Date drilling completed: Oct. 5, 2007

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>DAVID NUTT</u>	Latitude: <u>32° 38'</u> " Longitude: <u>90° 13'</u> "
Mailing Address: <u>605 CRESCENT BLVD.</u> <u>SUITE 200</u> <u>Ridgeland, MS. 39157</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>8</u> Twp <u>9-N</u> Rng <u>1-E</u>
Telephone No. <u>(601) 355-3054</u>	Distance Direction Nearest Town <u>10</u> Miles <u>West</u> of <u>Canton</u>

Well Data

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

Date well drilling started: Oct. 1, 2007 Date well drilling completed: Oct. 5, 2007

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 460 Well depth: 423 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 403 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 403 feet to 423 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: 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

Print Name of Water Well Contractor and License No.

Ernest M. Cresswell

Signature of Water Well Contractor

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L-34

If well telescopes please sketch below and show depths.

Ground Level

Ground Level

Description of Formations Encountered	From	To
surface depth	0	10
1 1/2" pipe / clay	10	200
moulded shale	200	270
red shale	270	365
shale	365	402
hard	402	477
red shale lignite	477	460

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: DAVID NUTT

Ernest M. Crews
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 #: L-34

Elevation: _____

County: Madison
 Permit #: _____
 Driller: E.M. Bud Cresswell
 Date completed: Oct. 9, 2007

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>DAVID NUTT</u>	Latitude: <u>32-38</u> Longitude: <u>90-13</u>
Mailing Address: <u>605 CRESCENT BLVD.</u> <u>SUITE 200</u> <u>RIDGELAND, MS - 39157</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>601-355-3054</u>	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>9-N</u> Rng <u>1-E</u>
	Distance Direction Nearest Town <u>10</u> Miles <u>West</u> of <u>Canton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>OCT. 9, 2007</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>90</u> Feet <u>Below</u> 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.

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

Erect M. Crenshaw
 Signature of Pump Installer

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 BY: OLWR