

County: Madison
 Permit #: _____
 Driller: E. M. Bud Cresswell
 Date drilling completed: 3-4-06

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 #: N-54
 L. S. Elevation: _____
 E-log #: _____

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>J. D. Rankin</u>	Latitude: <u>32.35.41</u> Longitude: <u>89.57.19</u>
Mailing Address: <u>380 Rankin Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CANTON MS. 39046</u>	USGS quad, Hand-held GPS, Survey grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 35 Twp 9-N Rng 3-E</u>
Telephone No. <u>(601) 859-4849</u>	Distance Direction Nearest Town
	<u>4 Miles south of Canton</u>

Well Data

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

Date well drilling started: 2-27-06 Date well drilling completed: 3-4-06

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: 3-4-06

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

Hole depth: 400 Well depth: 360 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 320 feet to 360 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. "Bud" CRESSWELL 0-150 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

County: MADISON
 Permit #: _____
 Driller: F.M. Bud CRESSWELL
 Date completed: 3-6-06

Aquifer: _____
 Well #: N-54
 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>J.D. RANKIN</u>	Latitude: <u>32-35</u> Longitude: <u>89-57</u>
Mailing Address: <u>380 RANKIN ROAD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>CANTON MS. 39046</u> City State Zip Code	<u>1/4</u> <u>35</u> <u>9-N</u> <u>3-E</u> Twp Rng
Telephone No. <u>(601) 859-4849</u>	Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>Canton</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket: <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>3-6-06</u> Rated Pump Capacity: <u>25</u> Gallons Per Minute	Diesel Engine: <input type="radio"/> Gasoline Engine: <input type="radio"/> Natural Gas: <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> Hand: <input type="radio"/> Tractor PTO: <input type="radio"/> Windmill: <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>210</u> feet Number of Stages: <u>15</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="radio"/> Electric Measuring Line: <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tape</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. "Bud" CRESSWELL 0-150 Bud Cresswell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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