

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 #: D-44
L. S. Elevation: _____
E-log #: _____

County: Ronshire 121
Permit #: _____
Driller: E.M. "Bud" CRESSWELL
Date drilling completed: 4-2-05

E.M. Bud Cresswell Water Well Drilling and Service

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>WARREN LEWIS + RANDALL WILKERSON</u>	Latitude: <u>89° 55' 00"</u> Longitude: <u>32° 26' 15"</u>
Mailing Address: <u>312 SUNDANCE CIRCLE</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>Richland MS. 39218</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>7-N</u> Rng <u>4-E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Long Hill</u>
Telephone No.: <u>(601) 832-9948</u>	

Well Data

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

Date well drilling started: 3-27-05 Date well drilling completed: 4-2-05

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

Static Water Level: 179 feet above or below (circle one) land surface Date measured: 4-2-05

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

Hole depth: 605 Well depth: 540 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 140 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 500 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: NA 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): State

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.

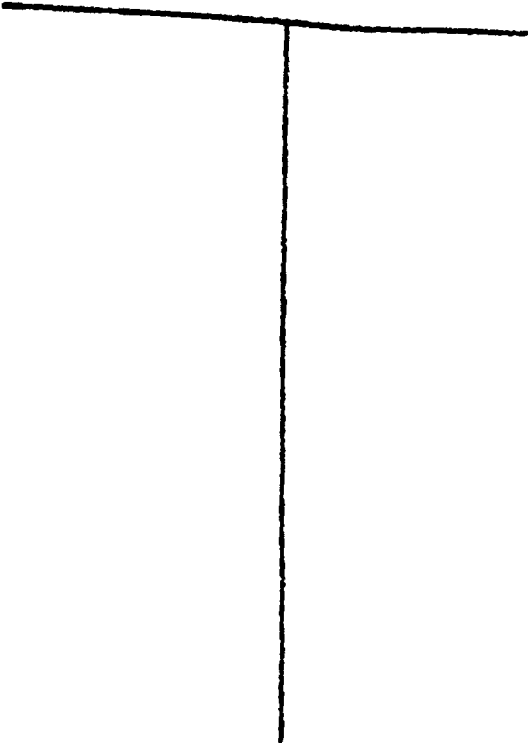
Bud Cresswell
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

D-44



Description of Formations Encountered	From	To
Surface depth -	0	30
Yellow clay	30	740
Hardwood Board	740	790
shale	790	415
fine sand	415	440
grey shale	440	460
sand	460	540
shale	540	575
sand granite	575	595
cash pebbles	595	605

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.

WARREN LEWIS +
Landowner Name: RANDALL WILKERSON

Bud Crenwell
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 #: D-44

Elevation: _____

County: Randolph
 Permit #: _____
 Driller: E.M. "Bud" CRESSWELL
 Date completed: 4-7-05

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>WARREN LEWIS + RANDALL WILKERSON</u> Mailing Address: <u>312 SUNDANCE CIRCLE</u> <u>RICHLAND, MS - 39218</u> City State Zip Code Telephone No. <u>(601) 832-9948</u>	Latitude <u>39-55-00</u> Longitude <u>32-26-15</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>7-N</u> Rng <u>4-E</u> Distance Direction Nearest Town <u>2</u> Miles <u>West</u> of <u>Land Well</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>4-2-05</u> Rated Pump Capacity: <u>3.5</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input checked="" type="radio"/> 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>252</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>179</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 <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/> 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.

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

Bud Cresswell
 Signature of Pump Installer

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APR 13 2005

BY: OLWR