

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-47
L. S. Elevation: _____
E-log #: _____

County: Randolph
Permit #: _____
Driller: E.M. "Bud" Cresswell
Date drilling completed: July 14, 2008

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>GLENN PARKER</u>	Latitude: <u>32.27</u> " Longitude: <u>89.51</u> "
Mailing Address: <u>3126 HWY 43 NORTH</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad; <u>Hand-held GPS</u> , Survey-grade GPS
<u>BRANDON MS. 39047</u>	<u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>4-E</u> Rng <u>17-N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 829-1698</u>	<u>1</u> Miles <u>South</u> of <u>Perryman</u>

Well Data

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

Date well drilling started: July 8, 2008 Date well drilling completed: July 14, 2008

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

Static Water Level: 152 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 580 Well depth: 387 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 357 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 357 feet to 387 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): X

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

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JUL 21 2008

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10031 2309
 Jackson, MS 39289-0631 39225
 (601)961-5210
 (601)354-6938 (fax)

County: Monroe
 Permit #: _____
 Driller: E.M. "Bud" CRESSWELL
 Date completed: July 14, 2008

For Office Use Only:

Aquifer: _____
 Well #: D-47
 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 LENN PARKER</u>	Latitude: <u>32-27</u> Longitude: <u>89-51</u>
Mailing Address: <u>3126 Hwy 43 North</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BRANDON, MS 39047</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>11</u> Twn <u>4-E</u> Rng <u>7-N</u>
Telephone No: <u>(601) 829-1698</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Pisgah</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>July 14, 2008</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
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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JUL 21 2008

BY: OLWR