

# 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 #: K-210  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Ronkin  
Permit #: \_\_\_\_\_  
Driller: E.M. "Bud" CRESSWELL  
Date drilling completed: Sept. 13, 2005

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>Bobby Darrell Odom</u>	Latitude: <u>90° 02' 10"</u> Longitude: <u>32° 18' 10"</u>
Mailing Address: <u>821 Longwood Place</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>PEARL-MS 39208</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twp. <u>2-E</u> Rng. <u>5-N</u>
Telephone No. <u>(601) 939-8356</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>East</u> of <u>Pearl</u>

**Well Data**

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

Date well drilling started: Sept. 13, 2005 Date well drilling completed: Sept. 13, 2005

If flowing, method of flow regulation: Valve NO Other (describe) \_\_\_\_\_

Static Water Level: 53 feet above or below (circle one) land surface Date measured: Sept. 13, 2005

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.13 inches Setting depth: From 85 feet to 125 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: NO 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.

E.M. "Bud" Cresswell  
Signature of Water Well Contractor

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BY: OLWF



# 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 #: K-210

Elevation: \_\_\_\_\_

County: Randolph  
 Permit #: \_\_\_\_\_  
 Driller: E.M. "Bud" CRESSWELL  
 Date completed: Sept. 13, 2005

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>Bobby DARRELL ODOM</u>	Latitude: <u>90° 02' 10"</u> Longitude: <u>32° 18' 10"</u>
Mailing Address: <u>821 LONGWOOD PLACE</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>PEARL MS- 39208</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>2E</u> Rgn <u>5N</u>
Telephone No. <u>(601) 939-8356</u>	Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Pearl</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>Sept. 13, 2005</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>20</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="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
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.

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

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OCT 05 2005

BY: OLWA