

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 #: E-56
L. S. Elevation: _____
E-log #: _____

County: Sharkey
Permit #: _____
Driller: Ernest M. Cresswell
Date drilling completed: 6-17-05

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>LAMENDORF FARMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BLLC OF CARY</u> <u>P.O. Box 240</u> <u>CARY MS. 39054</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 873-2636</u>	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>12-N</u> Rng <u>7-W</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Rolling Fork</u>

Well Data

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

Date well drilling started: 6-9-05 Date well drilling completed: 6-17-05

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

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 6-17-05

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

Hole depth: 1188 Well depth: 1180 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1140 feet Casing diameter: 4 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 2 inches Type of screen: stainless

Screen slot size: 010 inches Setting depth: From 1140 feet to 1180 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: 210 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. CRESSWELL 0-150

Print Name of Water Well Contractor and License No.

Ernest M. Cresswell

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

E-56

Ground Level

Description of Formations Encountered	From	To
silt	0	10
sand - gravel	10	205
shale	205	272
sand	272	292
shale	292	340
sand	340	460
shale	460	520
sand	520	580
shale	580	740
sand	740	770
shale	770	1020
sand	1020	1120
shale	1120	1188

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: LAMENDORF FARMS - BLECIE CARY

Ernest M. Currewell
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 #: E-56

Elevation: _____

County: Sharkey
 Permit #: _____
 Driller: E.M. Bud Cresswell
 Date completed: 6-17-05

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>LAMENDURE FARMS</u> Mailing Address: <u>BLLC OF CARY</u> <u>P.O. Box 240</u> <u>CARY MS-39054</u> <small>City State Zip Code</small> Telephone No. <u>(662) 873-2636</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>12N</u> Rng <u>7-W</u> Distance Direction Nearest Town <u>2</u> Miles <u>south</u> of <u>Roling Fork</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-17-05</u> Rated Pump Capacity: <u>25</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>168</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>43</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 Electric Measuring Line <input checked="" type="radio"/> Steel Tape 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. CRESSWELL - 0-150
 Print Name of Pump Installer and License No. (if applicable)

Ernest M. Cresswell
 Signature of Pump Installer

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JUN 28 2005

BY: OLWR