

# 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 #: G-148  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Sharkey  
 Permit #: \_\_\_\_\_  
 Driller: Bud Cresswell  
 Date drilling completed: 4-18-06

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>Jay Blumgren</u>	Latitude: <u>90° 58' 00"</u> Longitude: <u>32° 47' 00"</u>
Mailing Address: <u>P.O. Box 450</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>SATI 110, MS-38866</u>	<input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 19 Twn 11-N Rng 7-W</u>
Telephone No. <u>(662) 869-5505</u>	Distance Direction Nearest Town
	<u>2 Miles West of Cary</u>

**Well Data**

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

Date well drilling started: 4-18-06 Date well drilling completed: 4-18-06

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 4-18-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/16 inches Setting depth: From 80 feet to 100 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.

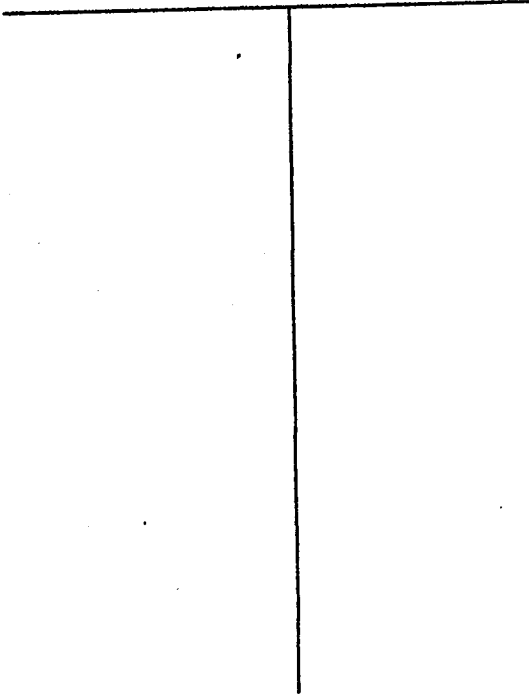
ERNEST M. CRESSWELL 0-150 Ernest Cresswell  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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G-148

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
<i>Stumps</i>	<i>0</i>	<i>14.0</i>
<i>sand-gravel</i>	<i>14.0</i>	<i>100</i>

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: *Trey Blawngann*

*Ernest M. Cennwell 0-150*  
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: Sharkey  
 Permit #: \_\_\_\_\_  
 Driller: Bud Cresswell  
 Date completed: 4-18-06

Aquifer: \_\_\_\_\_  
 Well #: G-148  
 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>Trey Blannmann</u>	Latitude: <u>90-58</u> Longitude: <u>32-47</u>
Mailing Address: <u>P.O. Box 450</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jatilla, MS, 38866</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>11</u> Rng <u>7-W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 869-5505</u>	<u>2</u> Miles <u>West</u> of <u>Cary</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="checkbox"/> Submersible Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____	Diesel Engine      Gasoline Engine      Natural Gas <input checked="" type="checkbox"/> Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>63</u> feet Number of Stages: <u>12</u>
Date Pump Installed: <u>4-18-06</u>	
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

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	<del>                         Air Line      Electric Measuring Line      Steel Tape                          Other (specify): _____                          For flowing well, measured shut in head: _____ feet                          Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping                     </del>

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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 APR 26 2006  
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