

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 #: N-39
L. S. Elevation: _____
E-log #: _____

County: Warren
Permit #: _____
Driller: EM Bud CRESSWELL
Date drilling completed: 7-6-05

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>Billy Harrison</u>	Latitude: <u>90° 44' 9"</u> Longitude: <u>32° 17' 40"</u>
Mailing Address: <u>1711 CLAY ST.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vicksburg, MS. 39183</u>	<input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec X-7 Twn 15-N Rng 4-E</u>
Telephone No. <u>(601) 636-1340</u>	Distance Direction Nearest Town
	<u>0.1</u> Miles of <u>Scott Rd</u>

Well Data

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

Date well drilling started: 7-6-05 Date well drilling completed: 7-6-05

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 7-6-05

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

Hole depth: 232 Well depth: 232 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 212 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 212 feet to 232 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: _____ 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. "Bud" CRESSWELL - 0-150 Ernest M. Cresswell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUL 28 2005
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Warren
 Permit #: _____
 Driller: EM Bud Cresswell
 Date completed: 7-6-05

For Office Use Only:

Aquifer: _____
 Well #: N-39
 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>Billy Harrison</u> Mailing Address: <u>1711 CLAY ST.</u> <u>Vicksburg MS 39183</u> <small>City State Zip Code</small> Telephone No. <u>601, 636-1340</u>	Latitude: <u>90° 44' 50"</u> Longitude: <u>32° 17' 40"</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>15-N</u> Rng <u>4-E</u> Distance Direction Nearest Town <u>on Pearl Rd</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>7-6-05</u> Rated Pump Capacity: <u>10</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>1</u> Setting Depth: <u>189</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>140</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.

FRANK 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 28 2005
 BY: OLWR