

# 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-42  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Warren  
Permit #: \_\_\_\_\_  
Driller: E.M. "Bud" CRESSWELL  
Date drilling completed: 3-9-06

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>William Bost Jr.</u>   | Latitude: <u>90° 44' 50"</u> Longitude: <u>32° 11' 40"</u>  |
| Mailing Address: <u>P.O. Box 687</u>  | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>1221 GROVE ST.</u>                 | <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS          |
| <u>VICKSBURG, MS. 39181</u>           | 1/4 _____ 1/4 Sec <u>1</u> Twn <u>15-N</u> Rng <u>14-E</u>  |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____           |
| Telephone No. <u>(601) 634-1802</u>   | Miles <u>on Scott Rd</u>                                    |

### Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3-9-06 Date well drilling completed: 3-9-06  
If flowing, method of flow regulation: Valve X Other (describe) \_\_\_\_\_  
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 3-9-06  
Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 230 Well depth: 230 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: 011 inches Setting depth: From 210 feet to 230 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.

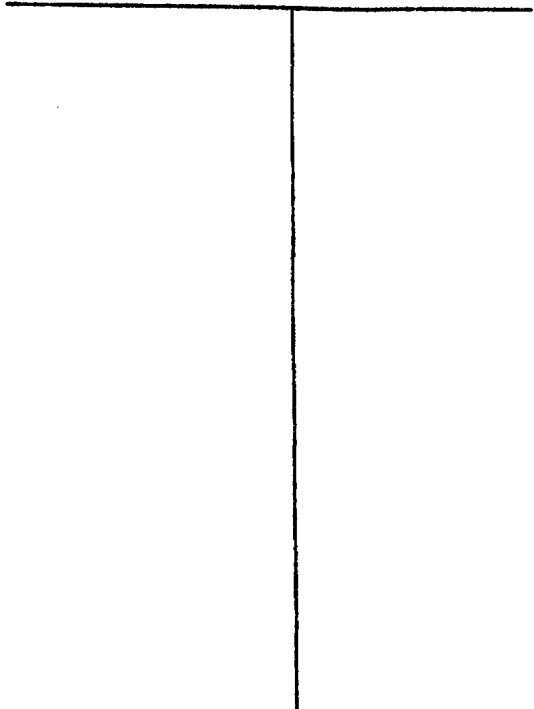
ERNEST M. "Bud" CRESSWELL - 0-150 Bud Cresswell  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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N-42

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From       | To         |
|---------------------------------------|------------|------------|
| <i>surface det</i>                    | <i>0</i>   | <i>35</i>  |
| <i>sand</i>                           | <i>35</i>  | <i>50</i>  |
| <i>gravel</i>                         | <i>50</i>  | <i>N/C</i> |
| <i>grey shale</i>                     | <i>110</i> | <i>195</i> |
| <i>F sand</i>                         | <i>195</i> | <i>230</i> |
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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.

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Landowner Name: *William Bost JR.*

*Bud Cunwell*  
 \_\_\_\_\_  
 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)

County: Winn  
 Permit #: \_\_\_\_\_  
 Driller: F.M. Bud Cresswell  
 Date completed: 3-9-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-42  
 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>William Bost Jr.</u>   | Latitude: <u>90-44-50</u> Longitude: <u>32-11-40</u>  |
| Mailing Address: <u>P.O. Box 687</u><br><u>1221 FROE ST.</u><br><u>Vicksburg, MS. 39181</u> | Method of Lat/Long (circle one): Conventional Survey,<br><u>USGS quad</u> , Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | <u>1</u> <sup>1</sup> / <sub>4</sub> Sec <u>1</u> Twn <u>15-N</u> Rng <u>4-E</u>                            |
| Telephone No. <u>(601) 634-1802</u>   | Distance _____ Direction _____ Nearest Town _____   |
|   | <u>0.1</u> Miles of <u>East Rd</u>  |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift: Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>         |
| 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 <input type="radio"/> Other (specify): _____   |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>   |
| Date Pump Installed: <u>3-9-06</u>  | Setting Depth: <u>189</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<br>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): <u>140</u> 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 _____   |
| Test Pumping Rate: _____ Gallons Per Minute                | _____ feet after _____ hours of pumping   |
| 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. "Bud" CRESSWELL 0-150  
 Print Name of Pump Installer and License No. (if applicable)

Bud Cresswell  
 Signature of Pump Installer

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