

State Well Report  
Part 1

For Office Use Only:

County: Warren  
Permit #: \_\_\_\_\_  
Driller: E.M. CRESSWELL  
Date drilling completed: 9-1-06

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)

Aquifer: \_\_\_\_\_  
Well #: 5-20  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>PATRICK VINZANT</u>	Latitude: <u>90° 44' 00"</u> Longitude: <u>32° 15' 00"</u>
Mailing Address: <u>7069 Hwy 27</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Vicksburg, MS 39180</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>15-N</u> Rng <u>4-E</u>
Telephone No. <u>601, 634-6250</u>	Distance _____ Direction _____ Nearest Town _____
	<u>10</u> Miles <u>South</u> of <u>VICKSBURG</u>

**Well Data**

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

Date well drilling started: 8-28-06 Date well drilling completed: 9-1-06

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

Static Water Level: 170 feet above or below (circle one) land surface Date measured: 9-1-06

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

Hole depth: 370 Well depth: 360 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 010 inches Setting depth: From 320 feet to 360 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  
Print Name of Water Well Contractor and License No.

Ernest M. Cresswell  
Signature of Water Well Contractor

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S-20

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
SURFACE DEPOSITS - (SILT)	0	65
FINE SAND	65	90
CLAY	90	110
GREY SHALE	110	124
SAND	124	140
VIKSBURG LIME ROCK	140	194
SAND - SHALE BREAKS	194	290
FOREST HILL SAND	290	360
JAZZ CLAY	360	370

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: PATRICK VINZANT

Ernest M. Creswell  
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 #: 5-20

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

County: Warren

Permit #: \_\_\_\_\_

Driller: E.M. BOO CRESSWELL

Date completed: 9-8-06

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>PATRICK VINZANT</u>	Latitude: <u>90-44 00</u> Longitude: <u>32-15 00</u>
Mailing Address: <u>7069 Hwy 27</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Vicksburg, MS 39180</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 23 Twn 15-N Rng 4-E</u>
Telephone No. <u>(601) 634-6250</u>	Distance Direction Nearest Town
	<u>10 Miles south of Vicksburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-8-06</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-8-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>170</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 _____ 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.

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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BY: OLWF