

# 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 #: B-111  
L. S. Elevation \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Yazoo  
Permit #: \_\_\_\_\_  
Driller: EM Bud CRESSWELL  
Date drilling completed: Aug 3-05

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>QUO FALOMA PARTNERS</u>	Latitude: <u>90.19.30</u> " Longitude: <u>32.59.00</u> ..
Mailing Address: <u>10740 Hwy 49E</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>Yazoo City, MS-39194</u>	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>1-4</u> Rng <u>13-4</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601, 392-3365</u>	Miles <u>at Eden</u>

**Well Data**

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

Date well drilling started: Aug 3-05 Date well drilling completed: Aug 3-05

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: Aug 3-05

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: 60 feet: Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 016 inches Setting depth: From 60 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: \_\_\_\_\_ 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



# 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: Yazoo  
 Permit #: \_\_\_\_\_  
 Driller: ERNEST M. CRESSWELL  
 Date completed: Aug 3-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-111  
 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>QUO FALOMA PARTNERS</u>	Latitude: <u>90-19-30</u> Longitude: <u>32-59-00</u>
Mailing Address: <u>10740 Hwy 49 E</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Yazoo City, Ms 39194</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>1-N</u> Rng <u>13-W</u>
Telephone No. <u>601-392-3365</u>	Distance _____ Direction _____ Nearest Town: _____
	Miles <u>at Eden</u> of _____

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>Aug 3-05</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>160</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line: _____ Electric Measuring Line: _____ <u>Steel Tape</u>
Static Water Level (A): <u>12</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. CRESSWELL 0-150 Ernest M. Cresswell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer