

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-113
L. S. Elevation: _____
E-log #: _____

County: Yazoo
Permit #: _____
Driller: E.M. Bud CRESSWELL
Date drilling completed: 4-26-06

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>Phillip Dixon</u>	Latitude: <u>90° 18' 38"</u>	Longitude: <u>92° 55' 35"</u>	
Mailing Address: <u>894 Dixon-King Road</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>BENTON, Ms. 39039</u>	City State Zip Code		
Telephone No. <u>(662) 673-2789</u>	Distance <u>10</u> Miles <u>South</u> Direction of <u>Yazoo City</u> Nearest Town		

Well Data

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

Date well drilling started: 4-24-06 Date well drilling completed: 4-26-06

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

Static Water Level: 10.2 feet above or (below) (circle one) land surface Date measured: 4-26-06

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

Hole depth: 400 Well depth: 360 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.13 inches Setting depth: From 340 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): State

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 M. Cresswell
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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)

For Office Use Only:

County: Yazoo
 Permit #: _____
 Driller: R.M. Bud CRESSWELL
 Date completed: 4-26-06

Aquifer: _____
 Well #: B-113
 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>Phillip Dixon</u>	Latitude: <u>90-18-38</u> Longitude: <u>32-55-35</u>
Mailing Address: <u>894 Dixon-King Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>BENTON, MS. 39039</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>13-2</u> Rng <u>1-4</u>
Telephone No. <u>(662) 673-2789</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>North</u> of <u>Aloza City</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>1</u>
Date Pump Installed: <u>4-26-06</u>	Setting Depth: <u>147</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 Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>102</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

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 MAY 09 2006
 BY: OLWR