

# 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 #: R-56

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Yazoo  
Permit #: \_\_\_\_\_  
Driller: Ernest Cresswell  
Date drilling completed: 5-19-06

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>"Bud" ERNEST M. CRESSWELL</u>	Latitude: <u>32°41'58"</u> Longitude: <u>90°23'10"</u>
Mailing Address: <u>8233 ANDING OIL CITY RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>BENTONIA MS. 39040</u>	<u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>10-N</u> Rng <u>2-W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 755-2218</u>	<u>1</u> Miles <u>west</u> of <u>Little Yazoo</u>

### Well Data

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

Date well drilling started: 5-17-06 Date well drilling completed: 5-19-06

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

Static Water Level: 195 feet above or below (circle one) land surface Date measured: 5-19-06

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

Hole depth: 830 Well depth: 715 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 675 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: Ø10 inches Setting depth: From 675 feet to 715 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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JUN 01 2006

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: Bud Cresswell  
 Date completed: 5-19-06

Aquifer: \_\_\_\_\_  
 Well #: R-5b  
 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>Bud</u> <u>ERNEST M. CRESSWELL</u> Mailing Address: <u>8233 ANDING OIL CITY RD</u> <u>BENTONIA, MS. 39040</u> <small>City State Zip Code</small> Telephone No. <u>(662) 755-2218</u>	Latitude: <u>32-41-58</u> Longitude: <u>90-23-14</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>10</u> Rng <u>2</u> Distance Direction Nearest Town <u>1</u> Miles <u>west</u> of <u>Little Yazoo</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>X</u> Static Water Level (A): <u>19.5</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	<input checked="" type="radio"/> Air Line      Electric Measuring Line      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.  
ERNEST M. CRESSWELL 0-150      Ernest M. Cresswell  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 JUN 01 2006  
 BY: OLWR