

# 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)

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: E.M. BUD CRESSWELL  
 Date drilling completed: 4-12-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T-22  
 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>PEPPER CREEK FARM</u>	Latitude: <u>32.43.10</u> Longitude: <u>90.05.00</u>
Mailing Address: <u>Jill ROGERS</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>101 COVE LANE</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>MADISON, MS 39110</u>	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>10N</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 853-7752</u>	<u>3</u> Miles <u>NW</u> of <u>CANTON</u>

Well Data

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

Date well drilling started: APRIL 11-2007 Date well drilling completed: APRIL 12-2007

If flowing, method of flow regulation. Valve X Other (describe) X

Static Water Level: 33 feet above or below (circle one) land surface Date measured: APRIL 12-2007

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

Hole depth: 400 Well depth: 295 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 245 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 245 feet to 295 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.

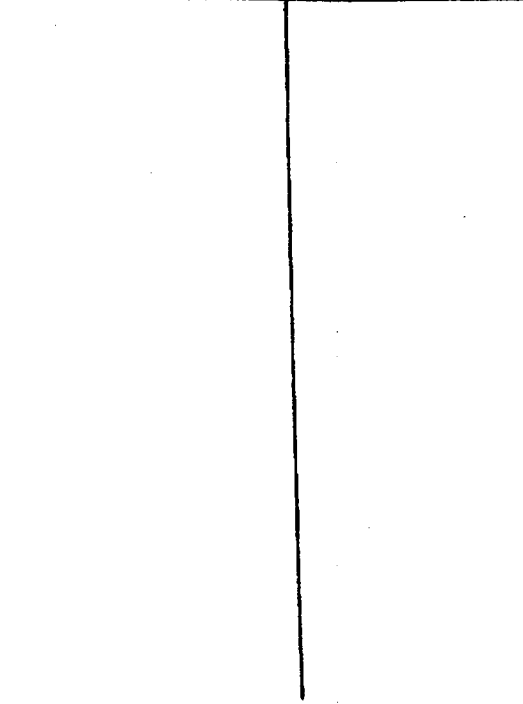
ERNEST M. CRESSWELL 0-150 Ernest M. Cresswell  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWF

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Surface dip	0	20
clay	20	42
Red sand	42	80
grey shale	80	210
sand	210	295
dry shale	295	400

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: PEPPER CREEK FARM - Jill Rogers

Ernest M. Cresswell  
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: Yazoo  
 Permit #: \_\_\_\_\_  
 Driller: E.M. Bud Cresswell  
 Date completed: 5-2-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T-22  
 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>PEPPER CREEK FARM</u>	Latitude: <u>32 43 10</u> Longitude: <u>90 05 00</u>
Mailing Address: <u>Jill Rogers</u> <u>101 COVE LANE</u> <u>MADISON, MS-39110</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>18</u> Twn <u>10N</u> Rng <u>2E</u>
Telephone No. <u>(601) 853-7752</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>CANTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucke: 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>5-2-07</u>	Setting Depth: <u>147</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>8</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>33</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 Ernest M. Cresswell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAY 07 2007  
 BY: OLWR