

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 #: T-23
L. S. Elevation: _____
E-log #: _____

County: Yozzo
Permit #: _____
Driller: E.M. Bud Cresswell
Date drilling completed: 4-24-07

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> <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, Survey-grade GPS)</u> ____ % ____ % Sec <u>18</u> Twn <u>10-N</u> Rng <u>2-E</u>
Telephone No. <u>(601) 853-7752</u>	Distance Direction Nearest Town <u>3</u> Miles <u>N-W</u> of <u>Canton</u>

Well Data

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

Date well drilling started: APRIL 23-2007 Date well drilling completed: APRIL 24-2007

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-24-07

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

Hole depth: 300 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: 0.13 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: 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

RECEIVED

MAY 07 2007

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

Aquifer: _____

Well #: I-23

Elevation: _____

County: Yazoo
 Permit #: _____
 Driller: E.M. Bud Cresswell
 Date completed: 5-02-07

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> Mailing Address: <u>Jill ROGERS</u> <u>101 COVE LANE</u> <u>MADISON, MS - 39110</u> <small>City State Zip Code</small> Telephone No. <u>(601) 853-7752</u>	Latitude: <u>32-43-10</u> Longitude <u>90-05-00</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, <u>Hand-held OPS</u> , Survey-grade OPS _____ 1/4 _____ 1/4 Sec <u>18</u> Twp <u>10 N</u> Rng <u>3 E</u> Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>n-w</u> of <u>Canton</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-2-07</u> Rated Pump Capacity: <u>75</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>147</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>35</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	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/> 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 **RECEIVED**
Print Name of Pump Installer and License No. (if applicable) Ernest M. Cresswell MAY 10 2007
Signature of Pump Installer **BY: OLWR**