

County: JEFFERSON  
 Permit #: MSE 10-16049  
 Driller: LAYNE-CENTRAL  
 Date Drilling Completed: 6/21/04

**Well Driller Report and Well Log**  
 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 #: M-39  
 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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>CANNONSBURG-CHURCH HILL WATER ASSOC.</u>	Latitude: <u>31</u> ° <u>38</u> ' <u>330</u> " Longitude: <u>91</u> ° <u>14</u> ' <u>119</u> "
Mailing Address: <u>3316 GUEDON ROAD</u>	Method of Lat/Long (circle one): Conventional Survey <u>07</u>
<u>NATCHEZ</u> MS <u>39120-9605</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>40</u> Twn <u>8N</u> Rng <u>1W</u>
Telephone No. ( <u>601</u> ) <u>445-4727</u>	Distance Direction Nearest Town

**Well Data**

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

Date well drilling started: 5/13/04 Date well drilling completed: 6/21/04

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

Static Water Level: 390 feet above or below (circle one) land surface Date Measured: \_\_\_

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

Hole depth: 968' Well depth: 968' Well grouted to a depth of: 780' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 780 feet Casing diameter: 10 1/2 inches Type of casing: COATED STEEL

Screen length: 40 feet Screen diameter: 6 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 785 feet to 830 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: 704 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): LAYNE-CENTRAL, JACKSON, MS

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

DAVE COOK 692  
 Print Name of Water Well Contractor and License No.

  
 Signature of Water Well Contractor

M-39

Ground Level



Description of Formations Encountered

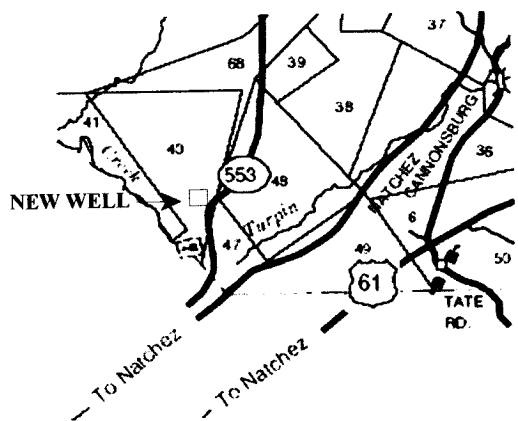
From

To

TOP SOIL	0	25
SAND & GRAVEL	25	150
WHITE CLAY	150	155
SAND & GRAVEL	155	310
CLAY	310	350
SANDY CLAY	350	360
CLAY	360	450
SAND	450	475
CLAY & SAND STREAKS	475	510
CLAY	510	530
SAND	530	600
CLAY	600	670
SANDY & CLAY STREAKS	670	690
CLAY	690	710
SAND	710	930

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's Name: CANNONBURG-CHURCH HILL WATER ASSOCIATION, INC.

*Dane Cook*  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-39  
 Elevation: \_\_\_\_\_

County: JEFFERSON  
 Permit #: \_\_\_\_\_  
 Driller: LAYNE-CENTRAL  
 Date Completed: 6/21/04

**This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name <u>CANNONBURG-CHURCH HILL WATER ASSOC.</u>	Latitude: <u>31 ° 38 ' 330 "</u> Longitude: <u>91 ° 14 ' 119 "</u>
Mailing Address: <u>3316 GUEDON ROAD</u>	Method of Lat/Long (check one):      Conventional Survey _____
<u>NATCHEZ</u> <u>MS</u> <u>39120-9605</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City      State      Zip Code	<u>-- 1/4 -- 1/4</u> Sec <u>40</u> T <u>8N</u> R <u>1W</u>
Telephone No. ( <u>601</u> ) <u>445-4727</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle One	Power Type Circle One
Air Lift      Jet <input checked="" type="checkbox"/> <b>Submersible</b>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="checkbox"/> <b>Electric Motor</b> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>1/5/05</u>	Setting Depth: _____ feet
Rated Pump Capacity <u>150</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>2/18/05</u>	<input checked="" type="checkbox"/> <b>Air Line</b> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>390</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>396</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>170</u> Gallons Per Minute	Well yielded <u>170</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	<u>6</u> feet after <u>4</u> hours of pumping

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK      692      Dave Cook  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer