

County: Panola  
 Permit #: 6W 42057  
 Driller: Pete's Well Drilling  
 Date drilling completed: 8-7-07

**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 #: Q-45  
 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>Patrick Cannon</u>	Latitude: <u>34° 15' 36" N</u> Longitude: <u>90° 04' 35" W</u>
Mailing Address: <u>195 Atkinson Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Batesville, MS 38606</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>31</u> Twn <u>9S</u> Rng <u>8W</u>
Telephone No. <u>(662) 609-0963</u>	Distance <u>10</u> Miles Direction <u>SW</u> of Nearest Town <u>Batesville MS</u>

**Well Data**

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

Date well drilling started: 7-07-07 Date well drilling completed: 7-07-07

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 7-07-07

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

Hole depth: \_\_\_\_\_ Well depth: \_\_\_\_\_ Well grouted to a depth of \_\_\_\_\_ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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.

Pete's Well Drilling 0431  
 Print Name of Water Well Contractor and License No. Pete's Well Drilling  
 Signature of Water Well Contractor Pete's Well Drilling

If well telescopes please sketch below and show depths.

RECEIVED

AUG 21 2007  
 BY: OLWR

Q-45

Ground Level GW 42057

Description of Formations Encountered	From	To
CLAY	0	25
COURSE SAND & GRAVEL	25	100

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.

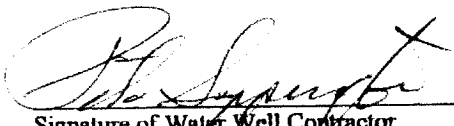
W N E

Dummy Lane Rd. F. 1/4 miles Rd.

well \*

Ditch

Landowner Name: Patrick Cannon

  
 Signature of Water Well Contractor

RECEIVED  
 AUG 21 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 #: Q-45  
Elevation: \_\_\_\_\_

County: PANOLA  
Permit #: GW 42057  
Driller: PETE WELL DRILLING  
Date completed: 8-7-07

**This report must be prepared 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>Patrick Cannon</u>	Latitude: <u>34° 15.602"</u> Longitude: <u>90° 04-35"</u>
Mailing Address: <u>195 Atkinson Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
<u>Batesville, MS 38606</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>    </u> Twn <u>    </u> Rng <u>    </u>
Telephone No. <u>(662)-609-0963</u>	Distance Direction Nearest Town <u>10 Miles SW of Batesville, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>(Diesel Engine)</u> Gasoline Engine Natural Gas
Bucket Piston <u>(Turbine)</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>10" X 2 Stage</u>	Horse Power Rating of Motor: <u>50 HP</u>
Date Pump Installed: <u>8-7-07</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO TEST</u>	Air Line Electric Measuring Line <u>(Steel Tape)</u>
Static Water Level (A): _____ 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.

Print Name of Pump Installer and License No. (if applicable)

Pete Sappan  
Signature of Pump Installer

**RECEIVED**

AUG 21 2007

BY: OLWR