

CANNON / 13

# 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 #: Q48  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PANOLA  
Permit #: GN-44743  
Driller: J. NEWCOME 0-773  
Date drilling completed: 4-6-2011

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>Gary Cannon</u>	Latitude: <u>34.15</u> <sup>OK</sup> <del>28</del>	Longitude: <u>90.04</u> <sup>OK</sup> <del>39</del>	
Mailing Address: <u>195 Atkinson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS		
<u>Batesville MS 38606</u>	USGS quad, <u>NW 1/4 SE 1/4 Sec 31 Twn 09S Rng 08W</u>		
City State Zip Code	Distance <u>8.5</u> Miles Direction <u>SW</u> of Nearest Town <u>BATESVILLE</u>		
Telephone No. ( ) _____			

### Well Data

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

Date well drilling started: 4-6-2011 Date well drilling completed: 4-6-2011

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

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

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

Hole depth: 122 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 35 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 55-70 feet to 100-120 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.

JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

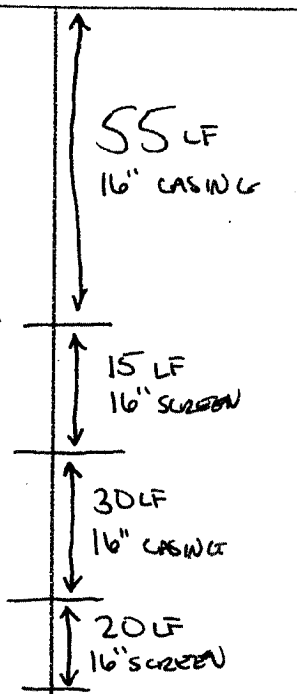
Pump installed by Circle S / Clarksdale  
Mail copy to Circle S

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BY: OLWA

10-707

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
FINE SAND / CLAY STRIPS	10	40
FINE SAND	40	55
COARSE SAND	55	70
FINE SAND	70	100
COARSE SAND / PEA GRAVEL	100	120
BOTTOM	120	122

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.

SEE MAP

Landowner Name: \_\_\_\_\_

*John DeWane*  
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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: PANOLA  
 Permit #: GW-44743  
 Driller: J. Newcome  
 Date completed: 4-6-2011  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 948  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Gary Cannon</u>	Latitude: <u>34° 15' 31.04" N</u> Longitude: <u>90° 4' 44.31" W</u>
Mailing Address: <u>195 Atkinson Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Fatesville, MS 38606</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>31</u> T <u>9S</u> R <u>8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>6 1/2</u> Miles <u>NNE</u> of <u>CROWDER</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): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-19-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
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 _____ 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.

DAVID P. HOLT 0-752P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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