

State Well Report

Part 1

For Office Use Only:

County: Panola
 Permit #: Unk @ 41048
 Driller: Pete Sappington
 Date drilling completed: 4/27/06

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)

Aquifer: _____
 Well #: U-76
 L. S. Elevation: _____
 B-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>Gary Cannon</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 627-7246</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>6</u> Twp <u>28N</u> Rng <u>8W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>W</u> of <u>Quitland</u>

Well Data

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

Date well drilling started: 4/27/06 Date well drilling completed: 4/27/06

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

Static Water Level: 9' feet above or below (circle one) land surface Date measured: 4/27/06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 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: 50 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole _____

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one pipe, _____

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 the rules and regulations of the Department of Environmental Quality and/or the Mississippi Department of Health.

Pete Sappington 0430 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

JOB# 215

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: Panda
 Permit #: GW 41048
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: U-76
 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: _____ Longitude: _____
Mailing Address: <u>234 POPE-CROWDER Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ENID</u> MS <u>38927</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>662 578-5989</u>	<u>SAW</u> 1/4 <u>NE</u> 1/4 Sec <u>6</u> T28N R8E
	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>W</u> of <u>Courtland</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>7-10-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1600</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 <u>Steel Tape</u>
Static Water Level (A): <u>9</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.

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

Form OLWR-SWR-1B
RECEIVED
 AUG 07 2006
 BY: OLWH

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