

#10-452

State Well Report Part 1 - Driller's Log

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-44423 ✓
 Driller: Pete Sappington
 Date drilling completed: 7-31-10

For Office Use Only:
 Aquifer: U 89
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Garth Louvorn - Gary Cannon</u>	Latitude: <u>34° 10' 04.2"</u> Longitude: <u>90° 05' 14.3"</u>
Mailing Address: <u>301 E. Washington St.</u> <u>Gary Cannon</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Athens AL 35611</u> City State Zip Code	<u>9W 1/4 NE 1/4 Sec 33 Twn 27N Rng 2E</u>
Telephone No. <u>(662) 609-0022</u>	Distance <u>4</u> Miles Direction <u>E</u> of Nearest Town <u>Crowder</u>

Well / Borehole Data

Date drilling started: 7-30 Date drilling completed: 7-31 Hole depth: 94' Hole diameter: 28"

Location of the source of any surface water used for drilling: Ditch on N side of Hg 122 1/2 mi north
 Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10ppm

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 8-1-10

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

Well depth: 94 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 54 feet Casing diameter: 16 inches Type of casing: PVC 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC 40

Screen slot size: .032 inches Setting depth: From 54 feet to 94 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 next page*

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

RECEIVED
AUG 26 2010
BY: OLWR

489

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level \rightarrow

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	22
Fine Sand	22	25
Gravel + Coarse Sand	25	94

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) a north arrow.

See Attached Map

Landowner Name: Garth Lovvorn + Gary Cannon

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

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

Pete Sappington 0430
Print Name of Responsible Licensee and License No.

8-06-10
Date

Pete Sappington
Signature of Licensee

RECEIVED
AUG 26 2010

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

County: PANOLA
 Permit #: GW-44433
 Driller: PETE Seppington
 Date completed: 7-31-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: U89
 Well #: _____
 Elevation: _____

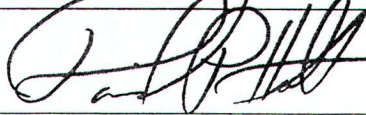
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>GARTH LOUDON - GARTH CALDWELL</u>	Latitude: <u>34° 10' 4.2"</u> Longitude: <u>90° 05' 14.3"</u>
Mailing Address: <u>301 E. Washington St</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Atlanta, AL 35601</u> City State Zip Code	_____ ¼ _____ ¼ Sec <u>33</u> T <u>27N</u> R <u>2E</u>
Telephone No. <u>(662) 609-0022</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine 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>8-2-10</u>	Setting Depth: <u>60</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 <u>Steel Tape</u>
Static Water Level (A): <u>26</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 
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

RECEIVED

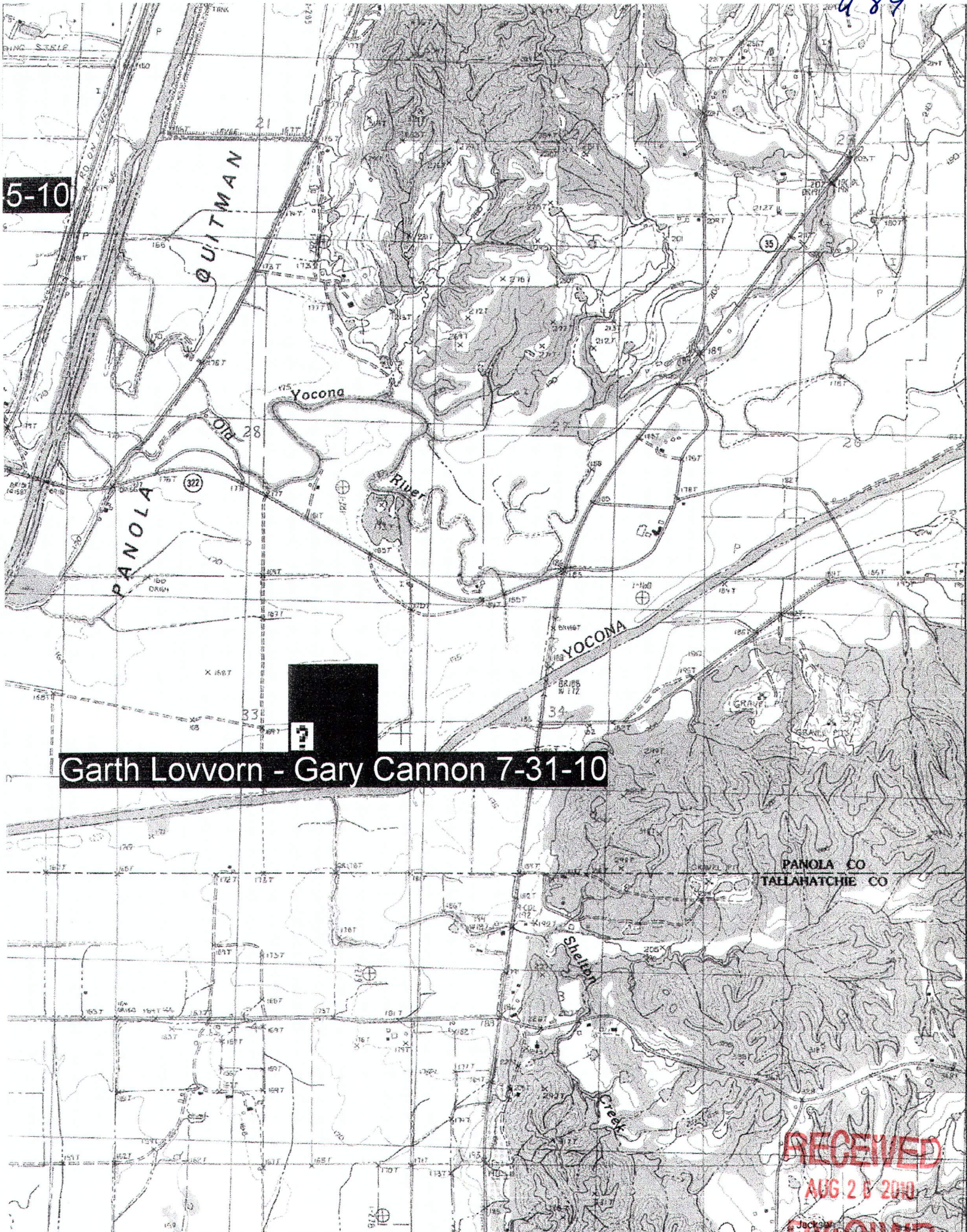
AUG 26 2010

BY: OLWR

JOB 10-452

489

5-10



Garth Lovvorn - Gary Cannon 7-31-10

RECEIVED
AUG 26 2010
BY: OLWR