

Quitman

County: Quitman
 Permit #: _____
 Driller: PETE'S WELL DRILLING
 Date drilling completed: 4/18/06

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 #: F-34
 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>Gary Cannon</u>	Latitude: <u>34° 15' 37"</u> Longitude: <u>90° 09' 01"</u>
Mailing Address: <u>234 POPE-CROWDER RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>ENID</u> <u>MS</u> <u>38927</u>	<u>NW 1/4 NW 1/4</u> Sec <u>36</u> Twn <u>8</u> Rng <u>1E</u>
City State Zip Code	<u>28N</u>
Telephone No. <u>(662) 578-5989</u>	Distance <u>2</u> Miles Direction <u>SE</u> of Nearest Town <u>BOBO</u>

Well Data

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

Date well drilling started: 4-18-06 Date well drilling completed: 4-18-06

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

Static Water Level: 7 feet above or below (circle one) land surface Date measured: 4-18-06

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 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 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 Pete S. Sargent
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

REVISED - JOB # 200

RECEIVED
 SEP 11 2006
 BY: OLWR

REVISED

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)

Quitman

County: Quitman
Permit #:
Driller: PETE'S WELL DRILLING
Date completed:
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: F-24
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: Owner Name: Gary Cannon, Mailing Address: 234 POPP - CROWDER RD, ENID MS 38927, Telephone No. (462) 578-5989
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad: NW 1/4 NW 1/4 Sec 36 T. 28N R. 1E, Distance: 2 Miles SE of BOBO

Pump Type: Air Lift, Bucket, Centrifugal, Other (specify):
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Date Pump Installed: 7-12-06
Rated Pump Capacity: 3000 Gallons Per Minute
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data: Date Well Tested:
Static Water Level (A): 7 Feet Below Land Surface
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level: Steel Tape
For flowing well, measured shut in head:
Well yielded GPM with a drawdown of
feet after hours of pumping

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

CANNON
JOB # 200

RECEIVED
SEP 11 2006
BY: OLWR