

State Well Report

Part I

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:

County: Evans
Permit #:
Driller: Pete's Well Drilling
Date drilling completed: 6-22-06

Aquifer: _____
Well #: J-20
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° 10' 86.5" N</u> Longitude: <u>090° 10' 35.3" W</u>
Mailing Address: <u>234 Pope-Crowder Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Enid</u> State: <u>MS</u> Zip Code: <u>38927</u>	USGS quad, <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
Telephone No. <u>(662) 578-5989</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>27</u> Twn <u>27</u> Rng <u>1E</u>
	Distance <u>1 1/2</u> Miles Direction <u>WNW</u> of Nearest Town <u>Crowder</u>

Well Data

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

Date well drilling started: 6-22-06 Date well drilling completed: 6-22-06

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

Static Water Level: 8 feet above (circle one) below land surface Date measured: 6-22-06

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: .051 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.

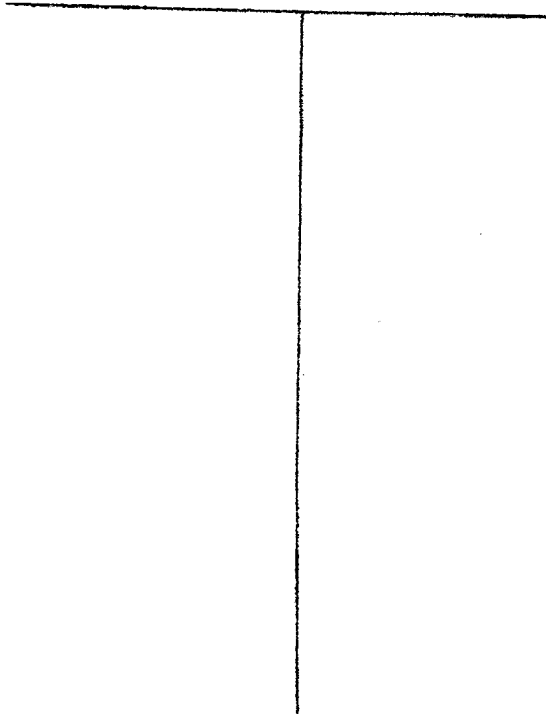
Pete's Well Drilling & Pump Repair Pete Sapp
Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

RECEIVED
JUL 25 2006
BY: OLWR

If well telescopes please sketch below and show depths.

J-70

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	30
FLUVED	30	40
CORSE + GRAY	40	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.

Landowner Name: GARY CANNON

[Signature]
Signature of Water Well Contractor

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08/14/2006 14:12 FAX

CIRCLE S IRRIGATION

014/019

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)

County: Quitman
Permit #:
Driller:
Date completed:
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: J-20
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 POPE CROWDER RD
City: ENO MS 38927
Telephone No. (42) 578-5989
Well Location
Latitude:
Longitude:
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SE 1/4 Sec 23 T 27N R 1E
Distance 1/2 Miles Direction N of Nearest Town Crowder - Quitman County

Pump Type
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed: 7-18-06
Rated Pump Capacity: 1300 Gallons Per Minute
Power Type
Diesel Engine, Electric Motor, Windmill, Horse Power Rating of Motor: 109
Setting Depth: 60 feet
Number of Stages: 3

Pump Test Data
Date Well Tested:
Static Water Level (A): 8 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
Air Line, Electric Measuring Line, 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

JOB # 14
OLD REVISED