

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:

County: Quitman

Permit #:

Driller: Petes' Well Drilling

Date drilling completed: 6-14-06

Aquifer: _____

Well #: J-71

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>31° 11' 27.8"</u> Longitude: <u>90° 09' 40.8"</u>
Mailing Address: <u>234 POPE - CROWDER RD</u>	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>24</u>
<u>ENID</u> <u>MS</u> <u>38927</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>23</u> Twn <u>27N</u> Rng <u>1E</u>
Telephone No. (<u>662</u>) <u>578-5989</u>	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>NW</u> of <u>Crowder</u>

Well Data

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

Date well drilling started: 6-14-06 Date well drilling completed: 6-14-06

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 6-14-06

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: .050 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: 0 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.

Petes' Well Drilling & Pump Repair

Print Name of Water Well Contractor and License No. 0430

Pete Sargent
Signature of Water Well Contractor

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BY: GRW/300

J-71

If well telescopes please sketch below and show depths.

Ground Level

[Empty sketch area for well telescopes]

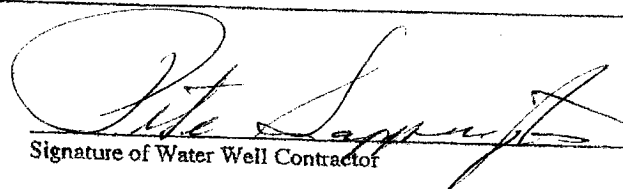
Description of Formations Encountered	From	To
clay	0	15
fine sand	15	30
10 COURSE SANDY GRAVEL	30	100

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.

[Empty sketch area for property layout]

Landowner Name: _____



Signature of Water Well Contractor

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 BY: OLWR

08/14/2006 14:18 FAX

CIRCLE S IRRIGATION

017/019

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)254-6938 (fax)

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

For Office Use Only:
Aquifer:
Well #: J-71
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 Poppe Crowder Rd, ENEED MS 38927, Telephone No. (662) 578-5989
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SE 1/4 NE 1/4 Sec 27 T27N R 1E, Distance 1 1/2 Miles W of Crowder - Quitman County

Pump Type: Jet, Submersible, Diesel Engine, Turbine
Power Type: Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO
Other (specify):
Date Pump Installed: 7-25-06
Rated Pump Capacity: 800 Gallons Per Minute
Setting Depth: 50 feet
Number of Stages: 2

Pump Test Data: Date Well Tested:
Static Water Level (A): 6 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
Other (specify):
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 0-7528
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

Form: OLWR-SWR-1B

300 W 300
USED SYSTEM