

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:

Aquifer: _____
 Well #: J-73
 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

Owner Name: Mary Cannon
 Mailing Address: 239 Pope Center Rd
Drillers Eric Hs
 City: Drillers Eric Hs State: 38927 Zip Code: 38927
 Telephone No.: (662) 627-7246

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW SW SE NE
 Distance _____ Miles Direction east of Drillers
 Nearest Town _____

Well Data

MAY 24 2006

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 4/17/06 Date well drilling completed: 4/17/06
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 7 feet above or below (circle one) land surface Date measured: 4/17/06
 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 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 Sappington 0430
 Print Name of Water Well Contractor and License No.

Pete Sappington
 Signature of Water Well Contractor

41046

08/25/2006 15:06 FAX

CIRCLE S IRRIGATION

003/010

REVISED - JOB # 147

County: Quitman
 Permit #: GW41046
 Driller: Pete Well Drilling
 Date drilling completed: 4-17-06

Well Driller Report and Well Log

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For Office Use Only:
 Aquifer: _____
 Well #: J-73
 L. S. Elevation: _____
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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: <u>234 POPE-CROWDER RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>ENZO</u> <u>MS</u> <u>3822</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 12 Twn 27N Rng 1E</u>
Telephone No. <u>(662) 578-5989</u>	Distance <u>4</u> Miles Direction <u>N</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: 4-17-06 Date well drilling completed: 4-17-06

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

Static Water Level: 7 feet above or below (circle one) land surface Date measured: 4-17-06

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 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 Well Drilling & Pump Repair License No. EN30 Signature of Water Well Contractor Pete Sargent

If well telescopes please sketch below and show depths.

004000

J-13

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red Clay	0	30
Fine Sand	30	50
Coarse Sand & Gravel	50	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) a north arrow.

Landowner Name: Jary Cannon (Farmer)

Form: OLWR-SWR-1A

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 Dappington

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

Job-147

RECEIVED

AUG 29 2006

BY: OLWR

08/25/2006 15.06 FAX

CIRCLE S IRRIGATION

002/010

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:
Permit #: GW 41046
Driller:
Date completed:
Copy information from Mark on Part 1

For Office Use Only:
Aquifer:
Well #: J-73
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: Garry Cannon, Mailing Address: 234 POPE-CROWDER RD, ENID MS 38927, Telephone No. (462) 578-5989
Well Location: Latitude: Longitude: Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NE 1/4 Sec 12 T27N R 1E, Distance 4 Miles N of Crowder - Quitman County

Pump Type: Circle one: Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):
Power Type: Circle one: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 80
Setting Depth: 50 feet
Number of Stages: 2
Date Pump Installed: 7-18-06
Rated Pump Capacity: 1300 Gallons Per Minute

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: Circle one: Air Line, Electric Measuring Line, 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 0-752P
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

DWH 147