

Part 2 never received
4/13

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 #: M-50
L. S. Elevation: _____
E-log #: _____

Owner: Quitman
#: unkn 6W 41045
er: Pete Sappington
Date drilling completed: 4/11/06

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>Mary Cannon</u>	Latitude: <u>34° 15' 12"</u> Longitude: <u>90° 08' 08"</u>
Mailing Address: <u>239 Pope Crawford</u> <u>Brickells</u> <u>38927</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>510</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec. <u>36</u> Twn. <u>28N</u> Rng. <u>1E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1 1/2</u> Miles Direction: <u>SE</u> of <u>29N</u>
Telephone No. <u>662-627-7046</u> <u>662-326-4432</u>	Nearest town: <u>29N</u>

Well Data

MAY 24 2006

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

Date well drilling started: 4/11/06 Date well drilling completed: 4/11/06 YMD JOINT WATER MANAGEMENT DISTRICT

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

Static Water Level: 7' feet above or below (circle one) land surface Date measured: 4/11/06

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 Sappington 0430
Print Name of Water Well Contractor and License No.

Pete Sappington
Signature of Water Well Contractor

41045

