

# 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 #: L-223  
L. S. Elevation: K46  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: 6W41764  
Driller: Datto Datto  
Date drilling completed: 5-10-07

**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>Alan Cannon</u>	Latitude: <u>34° 38' 00"</u> Longitude: <u>90° 18' 30"</u>
Mailing Address: <u>4045 Walnut St. Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dandee MS 38626</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>11W</u>
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec. <u>1</u> Twn <u>6S</u> Rng <u>10W</u>
Telephone No. <u>(662) 363 6112</u>	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Clayton MS</u>

**Well Data**

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

Date well drilling started: 5-10-07 Date well drilling completed: 5-10-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 5-15-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 100 ft Well depth: 100 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .0032 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: Visual

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.**

ALAN PYLE 0674  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

RECEIVED  
JUN 05 2007  
BY: OLWR



# 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: Jackson  
 Permit #: 60041764  
 Driller: Delta Drilling of Jonico  
 Date completed: 5-15-07

-- For Office Use Only:

Aquifer: K46  
 Well #: L-23  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Alan Cannon</u>	Latitude: <u>33° 45' 00"</u> Longitude: <u>90° 14' 50"</u>
Mailing Address: <u>4045 Walnut Dr Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Dumree MS 38626</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec. 1 Twn 6 S Rng 10 W</u>
Telephone No. <u>(662) 363-6112</u>	Distance Direction Nearest Town
	<u>5 Miles E of Clayton MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>5-15-07</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>950</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ALAN PYLE \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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