

# State Well Report

## Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: GW43446  
Driller: Delta Drilling of Tunica Inc  
Date drilling completed: 8-17-09

**State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.**

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Nolan Canon</u>	Latitude: <u>N34° 33' 49.9"</u> Longitude: <u>90° 15' 43.0"</u>
Mailing Address: <u>Canon Farms</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>P.O. Box 729</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS _____
<u>Tunica Ms. 38676</u>	<u>NW 1/4 SW 1/4 Sec 48 Twn 6S - Rng 10W -</u>
City State Zip Code	Distance <u>SE 16</u> Direction <u>NE</u> Nearest Town <u>Dundee, Ms.</u>
Telephone No. ( ) _____	<u>11</u> Miles <u>NE</u> of <u>Dundee, Ms.</u>

**Well / Borehole Data**

Date drilling started: 8-17-09 Date drilling completed: 8-17-09 Hole depth: 100' Hole diameter: 28"

Location of the source of any surface water used for drilling: well located 1/4 mile Southwest of well drilled  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 8-18-09

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: .032 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 next page

Form: OLWR-SWR-1A (04/08)

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Tunica  
 Permit #: \_\_\_\_\_  
 Driller: Della Drilling & Tunica Inc  
 Date completed: 8-18-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 431  
 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	Well Location
Owner Name: <u>Nobs Canon</u>	Latitude: <u>N34° 33.44'</u> Longitude: <u>W090° 15.43'</u>
Mailing Address: <u>Canon Farms Inc.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 729</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tunica</u> <u>MS</u> <u>38676</u>	NW <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>18</u> T <u>4S</u> R <u>10W</u>
City State Zip Code	Distance <u>11</u> Miles <u>SE</u> Direction <u>10</u> Nearest Town <u>Dundee, MS.</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>8-18-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2600</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

Alan Pyle # 0674 Alan Pyle  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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