

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date drilling completed: 8/8/07

### State Well Report

#### Part 1 - Driller's Log

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 #: C-146  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Charlie Pukinton</u>	Latitude: <u>33° 33' 48"</u> Longitude: <u>88° 26' 17"</u>
Mailing Address: <u>251 Sagamore Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39705</u>	<u>NE 1/4, NE 1/4 Sec 29 Twn 17E Rng 18E</u>
City State Zip Code	Distance _____ Miles Direction _____ of _____
Telephone No. <u>(662) 327-3169</u>	<u>Inside city limits of Columbus</u>

**Well / Borehole Data**

Date drilling started: 8/6/07 Date drilling completed: 8/8/07 Hole depth: 382 Hole diameter: 4

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2# granular

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: '83' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 382 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 176 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 342 feet to 382 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: 5 feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A

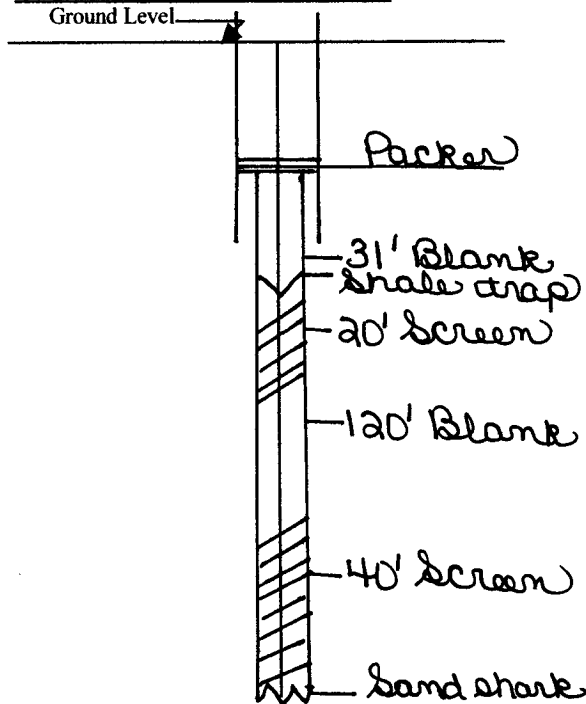
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C-146

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

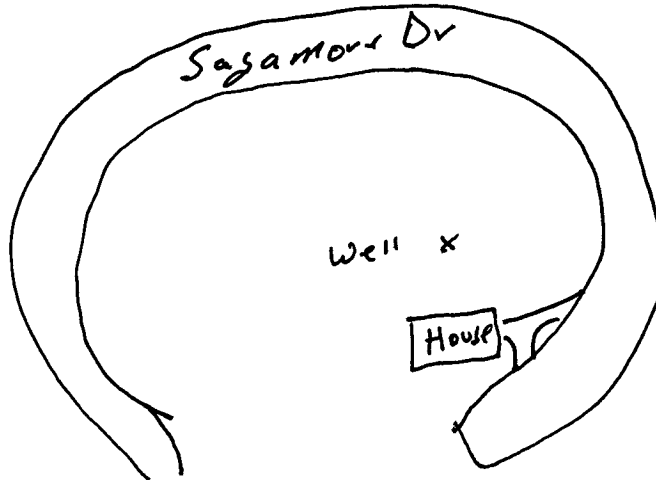
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	6
Sandy blue clay	6	154
Blue Clay	154	203
sandy clay	203	205
sand	205	206
sandy clay	206	216
Rocky sand	216	222
sand streak	222	225
sandy clay	225	229
Clay	229	243 1/2
sandy clay	243 1/2	250
sand	250	251
fine sandy clay	251	262
sandy clay	262	271
sand	271	272
fine sandy clay	272	276
sand streak	276	278
sandy clay	278	325
sand streak	325	331
sandy clay	331	347
sand	347	350
sandy clay	350	355
sand	355	382

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: Charlie Pulkrinton

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.

Donald B. Clardy 0496 8/18/07  
 Print Name of Responsible Licensee and License No.      Date

Donald B. Clardy  
 Signature of Licensee

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Clardy B. Clardy  
 Date completed: 8/9/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-146  
 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>Charlie Puckinton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>251 Sagamore Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39705</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>29</u> T <u>17E</u> R <u>18W</u>
Telephone No. <u>(662) 327-3169</u>	Distance _____ Direction _____ Nearest Town _____
	<u>Inside Columbus City Limits</u> Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>8/9/07</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/9/07</u>	Air Line                      Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>83</u> 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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Donald B. Clardy      0-496  
 Print Name of Pump Installer and License No. (if applicable)

Donald B. Clardy  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR