

Quintman

County: Fulton  
 Permit #: GW42198  
 Driller: Pete's Well Drilling  
 Date drilling completed: 9/25/07

### Well Driller Report and Well 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 #: M-52  
 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	Well Location
Owner Name: <u>Charlie Pilkinton</u>	Latitude: <u>34° 04' 27" N</u> Longitude: <u>090° 09' 24" W</u>
Mailing Address: <u>P.O. Box 881</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus, MS 39703</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 35 Twn 26 N Rng 1 E</u>
Telephone No. <u>(662) 492-4774</u>	Distance Direction Nearest Town
<u>0881</u>	<u>10 Miles S of Crowder</u>

### Well Data

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

Date well drilling started: 9/25/07 Date well drilling completed: 9/25/07

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

Static Water Level: 9' feet above or below (circle one) land surface Date measured: 9/25/07

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: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 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 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's Well Drilling 0431  
 Print Name of Water Well Contractor and License No.

Pete RECEIVED  
 Signature of Water Well Contractor  
 OCT 22 2007

If well telescopes please sketch below and show depths.

BY: OLWR

M-52

Ground Level \_\_\_\_\_

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Description of Formations Encountered	From	To
CLAY	0	15
FINER GRAY SAND	15	40
COURSE SAND & GRAVEL	40	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) indicate direction.

Crowder MS  
 Black top Rd ARROX 10 miles  
 GRAVEL

10" well  
X

Landowner Name: Charley Pilkinton

[Signature]  
 Signature of Water Well Contractor

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 OCT 22 2007  
 BY: OLWR

*Quitman*

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: M-52

Elevation: \_\_\_\_\_

County: Fall Church  
Permit #: \_\_\_\_\_  
Driller: PETE'S WELL DRILLING  
Date completed: 9-25-07  
*Copy information from block on Part 1.*

*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: Charles PICKINTON

Mailing Address: P.O. BOX 881

COLUMBUS MS 39703-0881  
City State Zip Code

Telephone No. (662) 492-4774

### Well Location

Latitude: 34° 04' 41" Longitude: 090° 09' 24"

Method of Lat/Long (check one):  Conventional Survey  26

USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_

SE  SE  SE  Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Distance Direction Nearest Town  
10 Miles S of CROWDER

### Pump Type Circle one

Air Lift Jet  Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 10-2-07

Rated Pump Capacity: 800 Gallons Per Minute

### Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 15

Setting Depth: 60 feet

Number of Stages: 1

### Pump Test Data

Date Well Tested: \_\_\_\_\_

Static Water Level (A): 9 Feet Below Land Surface

Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level Circle one

Air Line Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

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]  
Signature of Pump Installer

Form OLWR-SWR-1B

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OCT 23 2007

BY OLWR