

Job #7511 well #2

County: Tallahatchie  
 Permit #: EW 42268  
 Driller: Pete's Well Drilling  
 Date drilling completed: 10-29-07

**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 #: C-98  
 E. 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>Charles Clark</u>	Latitude: <u>34.03.268</u> Longitude: <u>90.26.791</u>
Mailing Address: <u>P.O. Box 604</u>	Method of Lat/Long (circle one): <u>16</u> Conventional Survey, <u>47</u>
<u>Louisville MS 39339</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>25N</u> Rng <u>2W</u>
Telephone No. <u>(662) 803-0710</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Tutwiler</u>

**Well Data**

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

Date well drilling started: 10-29-07 Date well drilling completed: 10-29-07

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 10-29-07

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 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: \_\_\_\_\_

Names 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.

[Signature]  
 Signature of Water Well Contractor

RECEIVED

NOV 27 2007

BY: OLWR

If well telescopes please sketch below and show depths.

C-98

Ground Level

QW42268

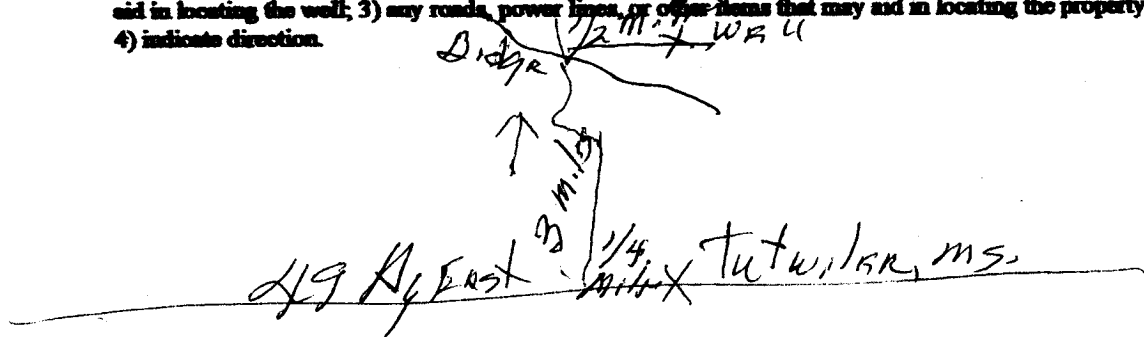
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	28
fine Grn	28	50
DCOUB SAND	50	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.



Landowner Name: CHARLES CLARK

*[Handwritten Signature]*  
Signature of Water Well Contractor

RECEIVED  
NOV 27 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)

For Office Use Only:

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

Well #: C-98

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

County: TALLAHACHEE  
 Permit #: 1042268  
 Driller: PETE'S WELL DRILLING  
 Date completed: 10-29-07

*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	Well Location
Owner Name: <u>CHARLES CLARK</u>	Latitude: <u>34° 03' 26.8"</u> Longitude: <u>90° 26' 79.7"</u>
Mailing Address: <u>P.O. BOX 604</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>LOUISVILLE, MS 39339</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<input type="checkbox"/> ¼ <input type="checkbox"/> ¼ Sec <input type="checkbox"/> T <input type="checkbox"/> R
Telephone No. <u>(662) 803-0710</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>TUTWILER</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11-5-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</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      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>12</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.

David P. Holt 0-752P  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

NOV 27 2007

BY: OLWR

JOB-7511  
 #2