

County: Taliaferro  
 Permit # EW42198  
 Driller: [Signature]  
 Date drilling completed: 9/25/07

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
**PILKINTON**  
 Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601) 961-5210  
 (601) 354-0958 (fax)

For Office Use Only  
 Aquifer:  
 Well #: M-52  
 E.S. Location:  
 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' 49" N</u> Longitude: <u>90° 00' 24" W</u>
Mailing Address: <u>P.O. Box 881</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Columbus, 4775 3703</u>	USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	1/4 1/4 Sec Twp Rng
Telephone No: <u>663 492 4774</u> <u>0881</u>	Distance Direction Nearest Town <u>10</u> Miles <u>5</u> of <u>Crosser</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

Hoist 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 lip 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.

Print Name of Water Well Contractor and License No. [Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.  
**42198**  
**RECEIVED**  
**NOV - 9 2007**  
**YMD JOINT WATER MANAGEMENT DISTRICT**

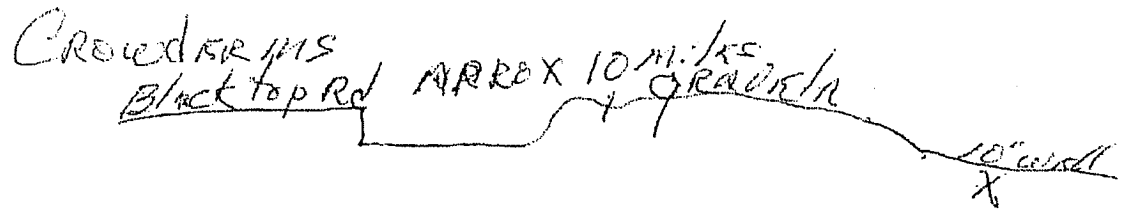
GWU2198

M-52

Description of Formations Encountered	From	To
CLAY	0	15
LINER / 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.



Landowner Name: CHARLEY PILKINTON

Signature of Water Well Contractor

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YMD JOINT WATER MANAGEMENT DISTRICT

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: \_\_\_\_\_  
 Permit: 6W42198  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: _____	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	Twp: _____ Rng: _____
Telephone No.: _____	Distance: _____ Miles Direction: _____ Nearest Town: _____

*Ascher's  
 Construction*

*Franklin MS*

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input 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: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

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	

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

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Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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 MANAGEMENT DISTRICT