

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

### For Office Use Only:

Well #: F287  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Rattiff Water Well Service  
 Date drilling completed: 6-17-16

*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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mike Sanders</u>	Latitude: <u>N33°53'31.1" Longitude: W91°03'12.37"</u>
Mailing Address: <u>347 Cotton Row</u>	Method of Lat/Long (check one): Conventional Survey _____
City <u>Cleveland</u> State <u>MS.</u> Zip Code <u>38732</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. (____) _____	<u>1R 1/4 1R 1/4, Sec 6 T 23N R 8W</u>
	<u>5</u> Miles <u>NW</u> of <u>Rosedale, MS.</u>
	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 6-6-16 Date drilling completed: 6-17-16 Hole depth: 580 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: Well on location

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm HTH

Logs run (circle all applicable):  ~~None~~ Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable):  ~~Home~~  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 51 feet [above or  ~~below~~] land surface Date measured: 6-21-16  
(circle one)

Method of measurement (circle one): Steel tape  ~~Electronic~~ Air line Other (describe): \_\_\_\_\_

Well depth: 580 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite  ~~Other~~

Casing length: 560 feet Casing diameter: 4" inches Type of casing: Steel

Screen length: 20 feet Screen diameter: 2 1/2 inches Type of screen: Stainless

Screen slot size: .013 inches Setting depth: From 560 feet to 580 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  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*



### 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Ratiff Water Well  
 Date completed: 6-21-16  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: 1387  
 Aquifer: \_\_\_\_\_

*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>Mike Sanders</u>	Latitude: <u>N33°53'31.8"</u>	Longitude: <u>W91°03'12.37"</u>	
Mailing Address: <u>347 Cotton Row</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Cleveland MS</u> <u>38732</u>	<u>1/4</u> <u>1/4</u> Sec <u>6</u> T <u>23N</u> R <u>84</u>		
City State Zip Code	<u>5</u> Miles <u>NW</u> of <u>Rosedale MS</u>		
Telephone No. (____) _____	(Distance)	(Direction)	(Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 6-21-16 Rated Pump Capacity: 35 Gallons Per Minute  
 Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 3 Setting Depth: 180 feet Number of Stages: 150

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 6-21-16 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 51 Feet Below Land Surface Pumping Water Level (B): 142 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 91 Feet Below Land Surface Test Pumping Rate: 40 Gallons Per Minute  
 Method of measurement (circle one):  Steel tape  Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded 40 GPM with a drawdown of 91 feet after 4 hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one): New Repaired Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Robert E. Ratiff 0-002 7-6-16 Robert E. Ratiff  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer