

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 #: 57
Aquifer: _____
E-Log #: _____

County: CALHOUN
Permit #: _____
Driller: Ratliff Water Well Service
Date drilling completed: 8-21-15

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>MIKE PROVINCE</u>	Latitude <u>N 33° 48' 55.2"</u> Longitude <u>W 89° 28' 24.7"</u>
Mailing Address: <u>719 AIR PARK RD.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>GRENA DA</u> City <u>MS.</u> State <u>38901</u> Zip Code	<u>NE 1/4 SE 1/4, Sec. 31³² T 23 N R 8 E^V</u>
Telephone No. (____) _____	<u>4</u> Miles <u>WEST</u> of <u>Big Creek MS.</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>8-18-15</u> Date drilling completed: <u>8-21-15</u> Hole depth: <u>280</u> Hole diameter: <u>7.5</u>	
Location of the source of any surface water used for drilling: Community _____	
Method of dosing and volume of Chlorine used in drilling and development: 50 ppm HTH _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve <u>NONE</u> Other (describe) <u>Flows to LAKE 33GAM</u>	
Static Water Level: <u>15+</u> feet (<u>above</u> or <u>below</u>) land surface Date measured: <u>8-24-15</u>	
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>280</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>260</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>260</u> feet to <u>280</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <u>Natural Development</u>	
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)

For Office Use Only:

Well #: 57
 Aquifer: _____

County: Calhoun
 Permit #: _____
 Driller: Ratliff Water Well Service
 Date completed: 8-24-15
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>MIKE PROVINE</u>	Latitude: <u>N 33° 48' 55.2"</u> Longitude: <u>W 89° 28' 24.7"</u>
Mailing Address: <u>719 AIR PARK AVE.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>GRENA DA</u> <u>MS.</u> <u>38901</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec. <u>31</u> <u>32</u> T <u>23N</u> R <u>8E</u>
City State Zip Code	<u>4</u> Miles <u>WEST</u> of <u>BIG CREEK, 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: 8-24-15 Rated Pump Capacity: 20 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: 1 Setting Depth: 20 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 8-24-15 Duration of Pump Test (minimum 4 hours): 4 4 hours

Static Water Level (A): 15 + Above Feet Below Land Surface Pumping Water Level (B): 0 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 20 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Positive Head

Pump Test Data for Flowing Well

Measured shut in head: xx feet.

Well yielded 20 GPM with a drawdown of 0 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: xx Meter Serial Number: xx

Meter Model Number/Name: xx Type of Meter: xx

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): xx

Installation Date: xx Meter installed by: xx

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. Ratliff 0-002

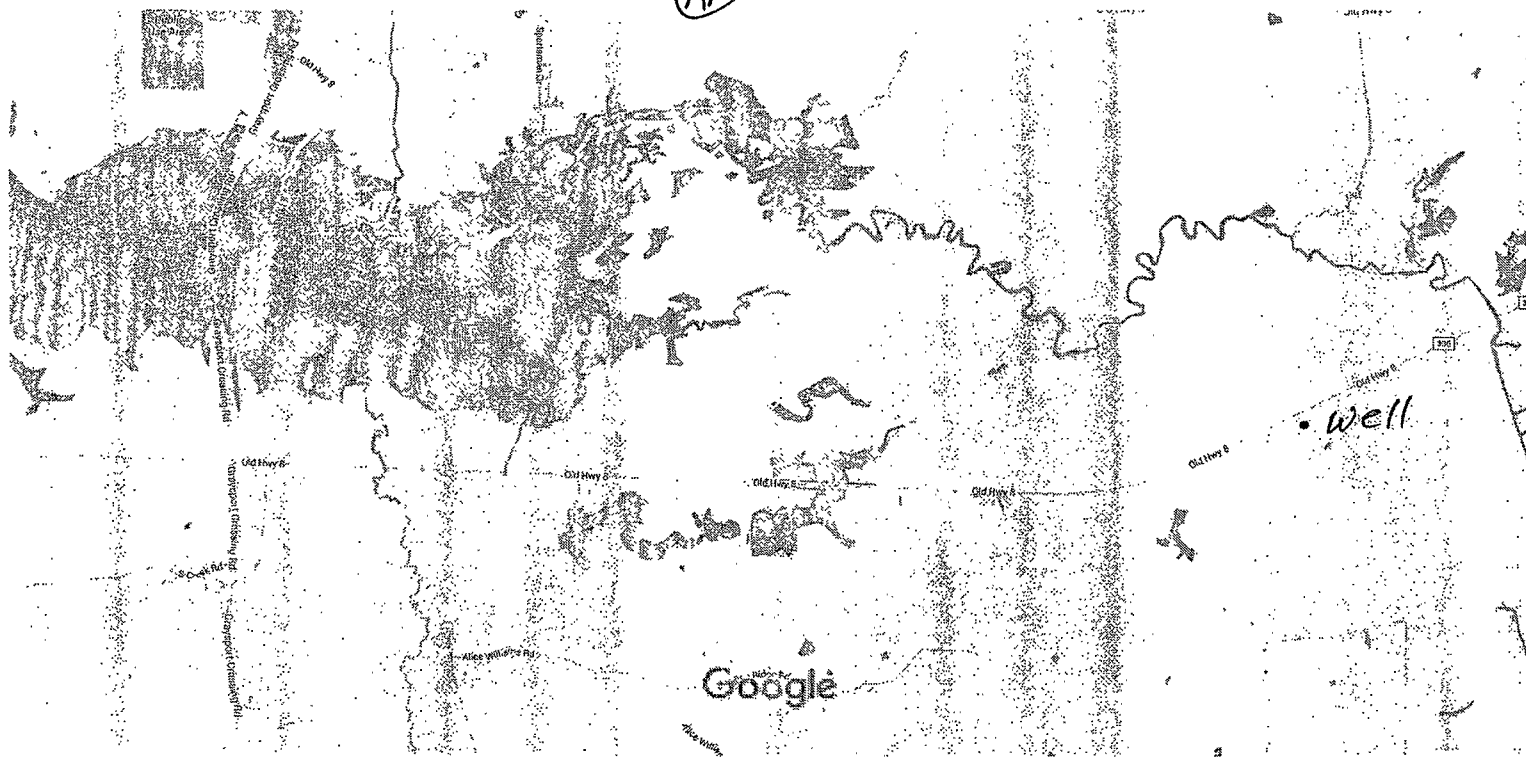
Print Name of Pump Installer and License No. (if applicable) Date 8-31-15 Signature of Pump Installer Robert E. Ratliff

Google Maps Co Rd 306

Calhoun County

57

(N)



Map data ©2015 Google 2000 ft

Co Rd 306
Mississippi

MIKE AROVINE

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DEC 09 2015
BY: OLNR