

0220008-06

County: CARROLL  
Permit #: GW16796  
Driller: RATLIFF WATERWELL  
Date drilling completed: JAN. 5 2012

### State Well Report Part 1 - Driller's 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 #: C34  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

*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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Poorhouse Water Assoc.</u> Mailing Address: <u>P.O. Box 700</u> <u>GRENADA Ms. 38902</u> City State Zip Code Telephone No. <u>(662) 226-8636</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 38' 34"</u> Longitude: <u>89° 51' 11"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>35</u> Twn <u>21N</u> Rng <u>4E</u> Distance Direction Nearest Town <u>10</u> Miles <u>South</u> of <u>GRENADA</u></p>
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**Well / Borehole Data**

Date drilling started: July '11 Date drilling completed: Aug. '11 Hole depth: 410 Hole diameter: 16"

Location of the source of any surface water used for drilling: Poorhouse Water  
Method of dosing and volume of Chlorine used in drilling and development: HTH 50ppm

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): STATE

Purpose of borehole (check 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*

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

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

Static Water Level: 128 feet above or below (circle one) land surface Date measured: 1-11-12

Method of Measurement (circle one) steel tape  electric tape  air line other: \_\_\_\_\_

Well depth: 410 Well grouted to a depth of 380 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 380 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 30 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 20 inches Setting depth: From 380' feet to 410 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: 320 feet. *If telescoped or more than one screen, describe on next page*

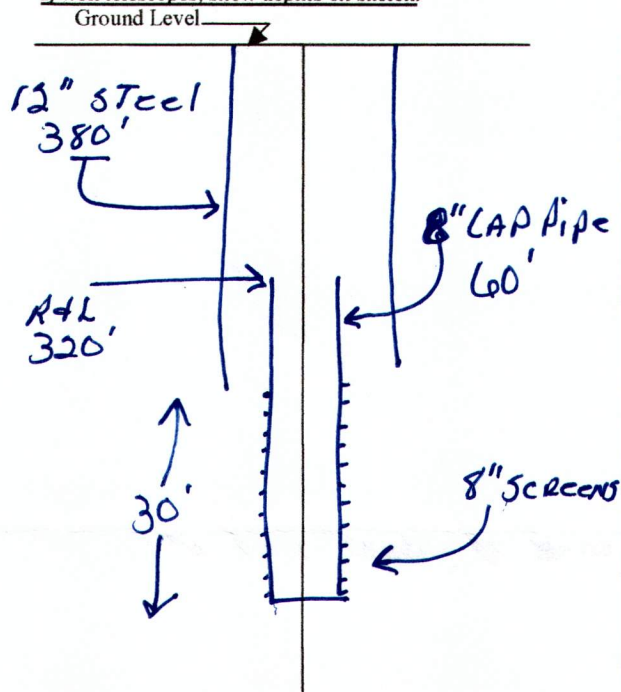
Form: OLWR-SWR-1A

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

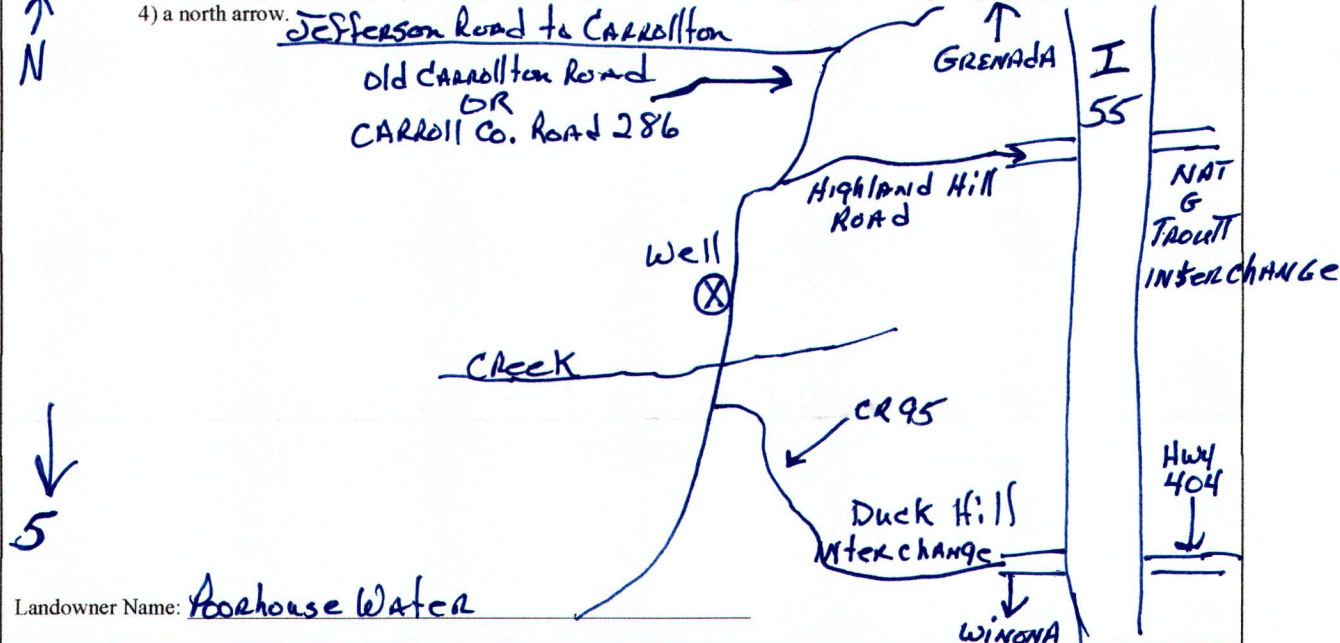
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
JANDY Shale	Ground Level	60
ROCK	60	60
CLAY & SHALE	60	100
SAND	100	140
CLAY	140	180
SHALE	180	320
CLAY w/SAND	320	360
CLAY	360	380
SAND	380	410

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) a north arrow.



Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Robert E Ratliff 0-002  
 Print Name of Responsible Licensee and License No.

Date

*Robert E Ratliff*  
 Signature of Licensee

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# 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)

County: CARROLL  
 Permit #: \_\_\_\_\_  
 Driller: RATLIFF Water Well  
 Date completed: JAN 5, 2012  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C34  
 Elevation: \_\_\_\_\_

*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>POORHOUSE WATER ASSOC.</u>	Latitude: <u>33°38'39N</u> Longitude: <u>89°51'11W</u>
Mailing Address: <u>P.O. Box 700</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GRENADE</u> <u>MS.</u> <u>38902</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>35</u> T <u>21N</u> R <u>4E</u>
Telephone No. <u>(662) 226-8636</u>	Distance Direction Nearest Town <u>10</u> Miles <u>South</u> of <u>GRENADE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>NATIONAL M8MC</u>	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>Dec 2011</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Dec 2011</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>128</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>337</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Robert Ratliff 0-002 Robert Ratliff  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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Google earth



CARROLL County  
Mississippi

LAT. 33° 38' 34" N  
LONG. 89° 51' 11" W

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