

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)

County: CARROLL
 Permit #: _____
 Driller: KATHIFF WHELAN
 Date drilling completed: 2-7-15

For Office Use Only:
 Aquifer: _____
 Well #: H39
 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.

| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Bobby Newson</u> | Latitude: <u>33° 23' 57.4"</u> Longitude: <u>89° 56' 34.5"</u> |
| Mailing Address: <u>441 JEF COAT LEHR ROAD</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Cleveland Ms. 38732</u> | USGS quad, <u>NW 1/4 NW 1/4 Sec 25 Twn 18N Rng 3E</u> |
| City State Zip Code | Distance <u>7</u> Miles Direction <u>South</u> of Nearest Town <u>CARROLLTON, MS.</u> |
| Telephone No. () _____ | |

Well / Borehole Data

Date drilling started: 2-2-15 Date drilling completed: 2-7-15 Hole depth: 240 Hole diameter: 7 1/4"

Location of the source of any surface water used for drilling: LOCAL WATER SYSTEM

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM CL2

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

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: 91 feet above or below (circle one) land surface Date measured: 2-12-15

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

Well depth: 200 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 180 feet to 200 feet

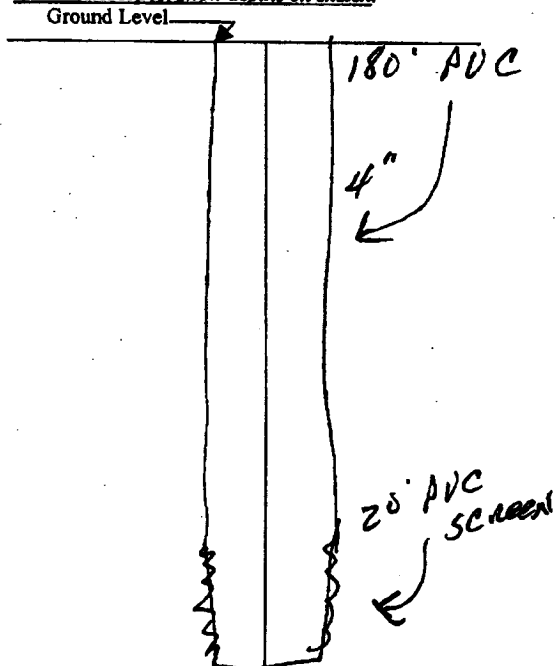
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| CLAY | Ground Level | 50 |
| Red SAND | 50 | 70 |
| CLAY | 70 | 80 |
| COARSE SAND | 80 | 220 |
| SANDY CLAY | 220 | 240 |
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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.

Sec MAP ATTACHED

Landowner Name: Bobby Newson

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.

Form: OLWR-SWR-1A

Robert E. Ratliff 0.002 3-3-15

Print Name of Responsible Licensee and License No. Date

Robert E. Ratliff

Signature of Licensee

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 #: H39

Aquifer: _____

County: CARROLL
 Permit #: _____
 Driller: Ratliff Water Well
 Date completed: 2-13-15
 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 Owner Name: <u>Robby Newson</u> Mailing Address: <u>441 JEFcoat Lehr Road</u> <u>Cleveland, Ms.</u> <u>38732</u> City State Zip Code Telephone No. () _____ | | Well Location Latitude: <u>N33° 23' 57.4"</u> Longitude: <u>W89° 56' 31.5"</u> Method of Lat/Long (check one): Conventional Survey _____, <u>Hand-held GPS</u> USGS quad _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4, Sec <u>25</u> T <u>18N</u> R <u>3E</u> <u>7</u> Miles <u>South</u> of <u>CARROLLTON</u> (Distance) (Direction) (Nearest Town) |
|---|--|--|

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 2-12-15 Rated Pump Capacity: 12 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: 200 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 2-13-15 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 91 Feet Below Land Surface Pumping Water Level (B): 161 Feet Below Land Surface
 Drawdown [(B) - (A)]: 70 Feet Below Land Surface Test Pumping Rate: 18 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

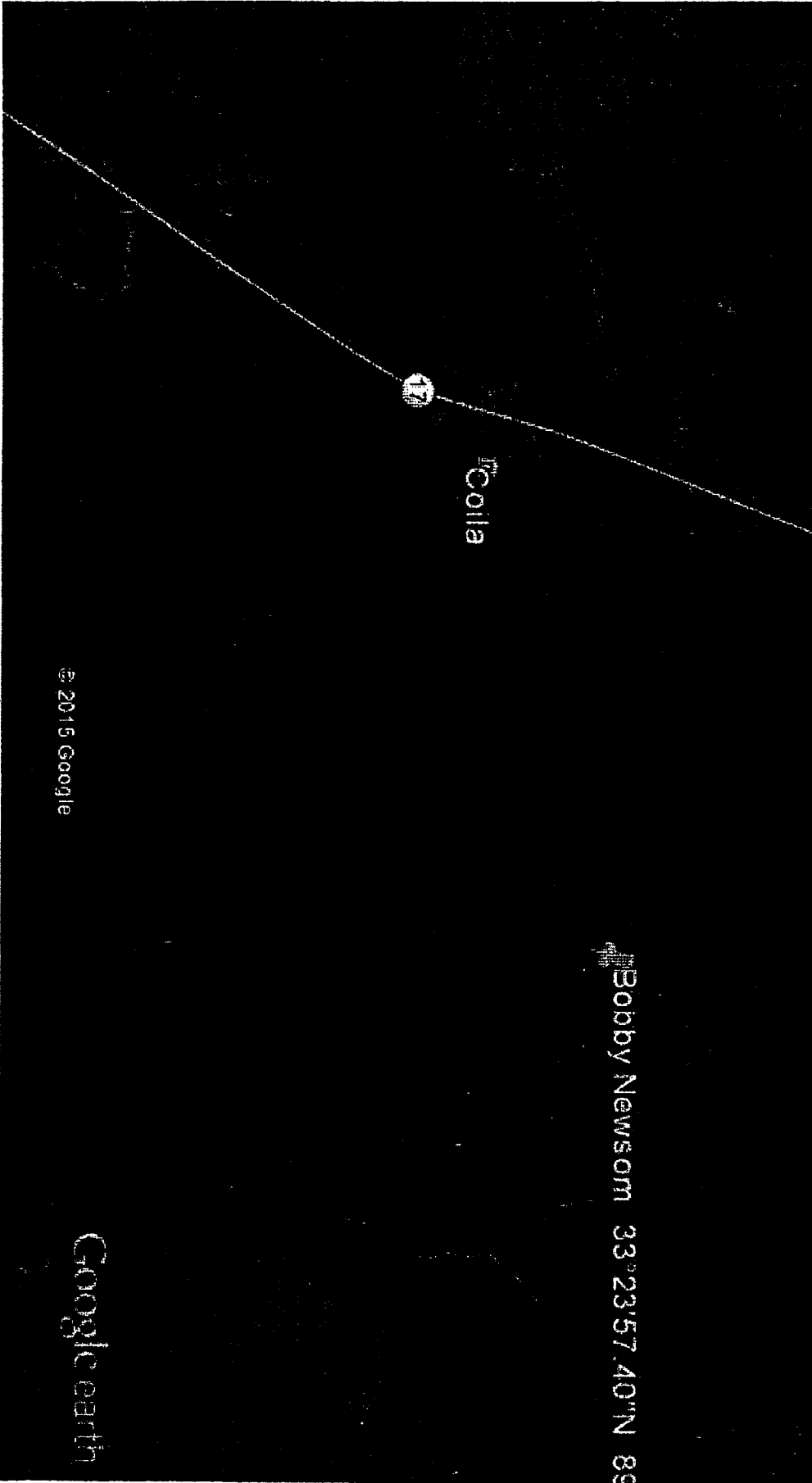
Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 18 GPM with a drawdown of 70 feet after 4 hours of pumping

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. Ratliff 0.002 3-3-15 Robert E. Ratliff
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google earth

miles
km



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County Road 147

15

14

13

18

H Shelton Rd

22

23

24

19

H Carroll

18 N 3 E

J 18 N 4 E

Big Hungry Rd
27 26

25

30

34

35

36

31

County Road 144

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community, Esri, HERE, DeLorme, TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS user community