

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 #: K16
Aquifer: _____
E-Log #: _____

County: CARROLL
Permit #: _____
Driller: Ratliff Water Well Service
Date drilling completed: 8/1/18

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>PARRELL COLLINS</u>	Latitude: <u>33°27'45.7"N</u> Longitude: <u>89°47'37.43"W</u>
Mailing Address: <u>CR 63</u>	Method of Lat/Long (check one): Conventional Survey _____
City <u>WINONA</u> State <u>MS</u> Zip Code <u>38967</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. () _____	<u>NW 1/4 SE 1/4, Sec 5 T 18 N R 5 E</u>
	<u>4</u> Miles <u>SW</u> of <u>WINONA</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7/31/18 Date drilling completed: 8/1/18 Hole depth: 200 Hole diameter: _____

Location of the source of any surface water used for drilling: Community COMMUNITY

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

Logs run (circle all applicable): Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Domestic Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Domestic Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 142 feet [above or land surface (circle one)] Date measured: 8/6/18

Method of measurement (circle one): Steel tape Air line Other (describe): _____

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

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 Open hole

Other (describe): _____

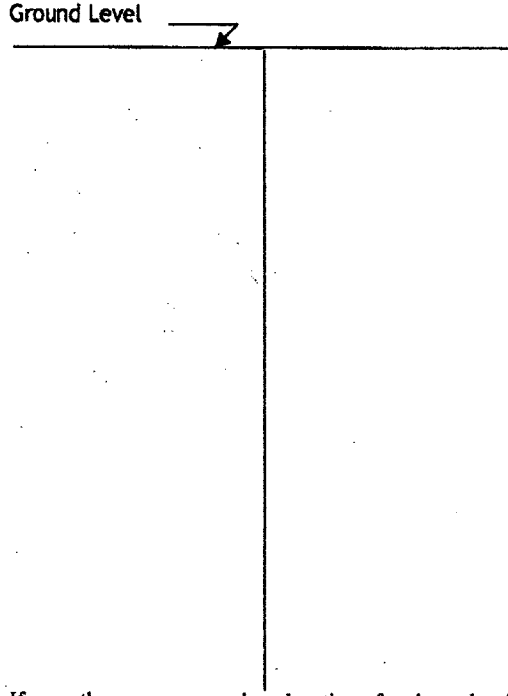
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

County: CARROLL
 Permit #: _____

For Office Use Only:
 Well #: K14

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	10
CLAY/SAND	10	60
SAND	60	100
CLAY CLAY W/SAND	100	120
CLAY	120	134
ROCK	135	136
SAND	136	140
SAND W/CLAY	140	180
SAND	180	200

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) north arrow



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Landowner Name: DARREL COLLINS

I HEREBY 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

8-17-18

Print Name of Responsible Licensee and License No.

Date

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)

County: CARROLL
 Permit #: _____
 Driller: Ratliff Water Well Service
 Date completed: 8/6/18
Copy information from block on Part 1

For Office Use Only:
 Well #: K16
 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>DARREL COLLINS</u>	Latitude: <u>33° 27' 45.7" N</u> Longitude: <u>89° 47' 37.43" W</u>
Mailing Address: <u>CR 63</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Winona</u> <u>Ms.</u> <u>38967</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4, Sec 5 T 18 N R 5 E</u>
Telephone No. (____) _____	<u>4</u> Miles <u>SW</u> of <u>WINONA</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8/6/18 Rated Pump Capacity: 10 Gallons Per Minute
 Is This Pump (circle one): Repaired Replacement

Power Type (circle one)
 Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1 HP Setting Depth: 195 feet Number of Stages: 12

Pump Test Data for Non Flowing Well
 Date Well Tested: 8/6/18 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 142 Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface
 Drawdown [(B) - (A)]: 18 Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute
 Method of measurement (circle one): Steel tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: ____ xx ____ feet.
 Well yielded ____ xx 12 GPM with a drawdown of ____ xx 18 feet after ____ xx 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 8-17-18 Robert E Ratliff
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Gluff Springs Rd

Darrell Collins 33°27'4.57"N 89°47'37.43"W

Legend

- Darrell Collins 33°27'4.57"N 89°47'37.43"W

400 ft

