

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 #: F167
Aquifer: _____
E-Log #: _____

County: DeSoto
Permit #: MS-GW-17235
Driller: Ratliff Water Well Service
Date drilling completed: 3-4-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Memphis Stone & Gravel</u>	Latitude: <u>34 54 46.6N</u> Longitude: <u>90 00 52.2 W</u>
Mailing Address: <u>PO Box 11683</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Memphis</u> City	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>TN.</u> State	<u>SW 1/4 NE 1/4, Sec 14</u> T <u>25</u> R <u>8W</u>
<u>38101</u> Zip Code	<u>3</u> Miles <u>S</u> of <u>How Lake, Ms.</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1-25-16</u> Date drilling completed: <u>3-4-16</u> Hole depth: <u>860</u> Hole diameter: <u>14"</u>
Location of the source of any surface water used for drilling: <u>Community</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 ppm HTH</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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): <input type="checkbox"/> Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>88</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3-14-16</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>860</u> Well grouted to a depth of <u>640</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>640</u> feet ⁷⁶⁰ Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>
Screen length: <u>100</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>STAINLESS</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>760</u> feet to <u>860</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>540</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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: Desoto
 Permit #: M5-6W-17235
 Driller: Ratliff Water Well Service
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Well #: F107
 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>Memphis Stoned GRAVEL</u>	Latitude: <u>34 54 46.6N</u> Longitude: <u>90 00 52.2W</u>
Mailing Address: <u>P.O. Box 1683</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Memphis</u> City <u>TN.</u> State <u>38101</u> Zip Code	_____ 1/4 _____ 1/4, Sec <u>14</u> T <u>25</u> R <u>8W</u>
Telephone No. (____) _____	<u>3</u> Miles <u>S</u> of <u>HORN LAKE, Ms.</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: _____ Rated Pump Capacity: 1000 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: 50 Setting Depth: 180 feet Number of Stages: 3

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 88 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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: ____xx____ feet.
 Well yielded ____xx____ GPM with a drawdown of ____xx____ feet after ____xx____ 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 _____ Signature of Pump Installer Robert E. Ratliff