

State Well Report

Part 1

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 #: G-32
 L. S. Elevation: _____
 B-log #: _____

County: Grenada 043
 Permit #: GW-16123
 Driller: RATLIFF WATER WELL
 Date drilling completed: 01/31/05

Ratliff Water Well Service, Inc

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>POOR HOUSE WATER ASSOC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 700</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Grenada MS 38902-0700</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>23</u> Twn <u>22N</u> Rng <u>4E</u>
Telephone No. <u>(662) 226-8636</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>West</u> of <u>Grenada</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: _____ Date well drilling completed: 01/31/05

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

Static Water Level: 196 feet above of below (circle one) land surface Date measured: 2/4/05

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

Hole depth: 470 ft Well depth: 460 ft Well grouted to a depth of 400 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 160 feet Screen diameter: 6 inches Type of screen: stainless steel

Screen slot size: 10 slot inches Setting depth: From 400 feet to 460 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: 340 feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): _____

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

ROBERT RATLIFF 0-002 Robert E. Ratliff

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR

STATE TRAIL REPORT

Part 1

Department of Transportation
Office of Road and Water Construction
1000 North 17th Street
Denver, Colorado 80202
(303) 763-6000

Project Name: _____
Project Number: _____
Contract Number: _____
Contractor Name: _____

Contractor Name: _____
Contract Number: _____
Project Name: _____
Project Number: _____

This report is prepared by the contractor in detail and filed with the Department of Transportation.

Well Location: _____
Well Depth: _____
Well Diameter: _____
Well Completion: _____
Well Status: _____
Well Type: _____

Well Test: _____
Test Date: _____
Test Results: _____
Flow Rate: _____
Pressure: _____
Temperature: _____
Wellbore Condition: _____
Casing Condition: _____
Gravel Condition: _____
Mud Condition: _____
Wellhead Condition: _____

Well Completion: _____
Well Status: _____
Well Type: _____
Well Location: _____
Well Depth: _____
Well Diameter: _____
Well Completion: _____
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STATE TRAIL REPORT
Part 1
Department of Transportation
Office of Road and Water Construction
1000 North 17th Street
Denver, Colorado 80202
(303) 763-6000

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)

For Office Use Only:

Aquifer: _____

Well #: G 82

Elevation: _____

County: Grenada
 Permit #: _____
 Driller: RATLIFF WATER WELL
 Date completed: 2/14/05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>POOR HOUSE WATER ASSOC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 700</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Grenada</u> MS <u>38902-0700</u>	1/4 _____ 1/4 Sec <u>23</u> Twn <u>22N</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 226-8636</u>	<u>2</u> Miles <u>west</u> of <u>Grenada</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 hp</u>
Date Pump Installed: <u>2/14/05</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>210</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/14/05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>196</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>209</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>344</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

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