

State Well Report

Part 1 - Driller's Log

H-157

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 #: H-157
L. S. Elevation: _____
E-log #: _____

County: Grenada
Permit #: _____
Driller: Ratliff Waterwell
Date drilling completed: 9-8-05

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>City of Grenada</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 310</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Grenada, MS 38902-0310</u>	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>22N</u> Rng <u>R5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>4</u> Miles <u>E</u> of <u>Grenada</u>

Well / Borehole Data

Date drilling started: 8-22-05 Date drilling completed: 9-8-05 Hole depth: 522 Hole diameter: 8 1/4"
Location of the source of any surface water used for drilling: Hugh White State Park well
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): Miss. Geo. Survey
Purpose of borehole (check one): Water Well Geotechnical/Cicological 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: 9-8-05

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

Well depth: 520 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 480 feet Casing diameter: 4 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: S. Steel

Screen slot size: 110 inches Setting depth: From 480 feet to 520 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*

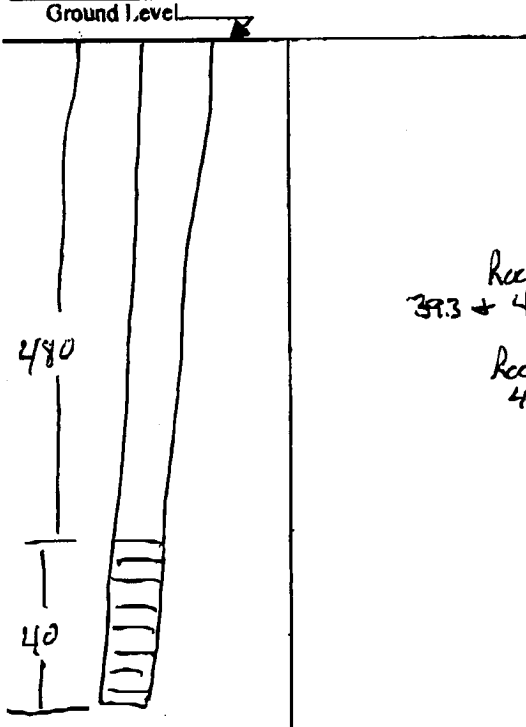
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The sketch below only required for water wells

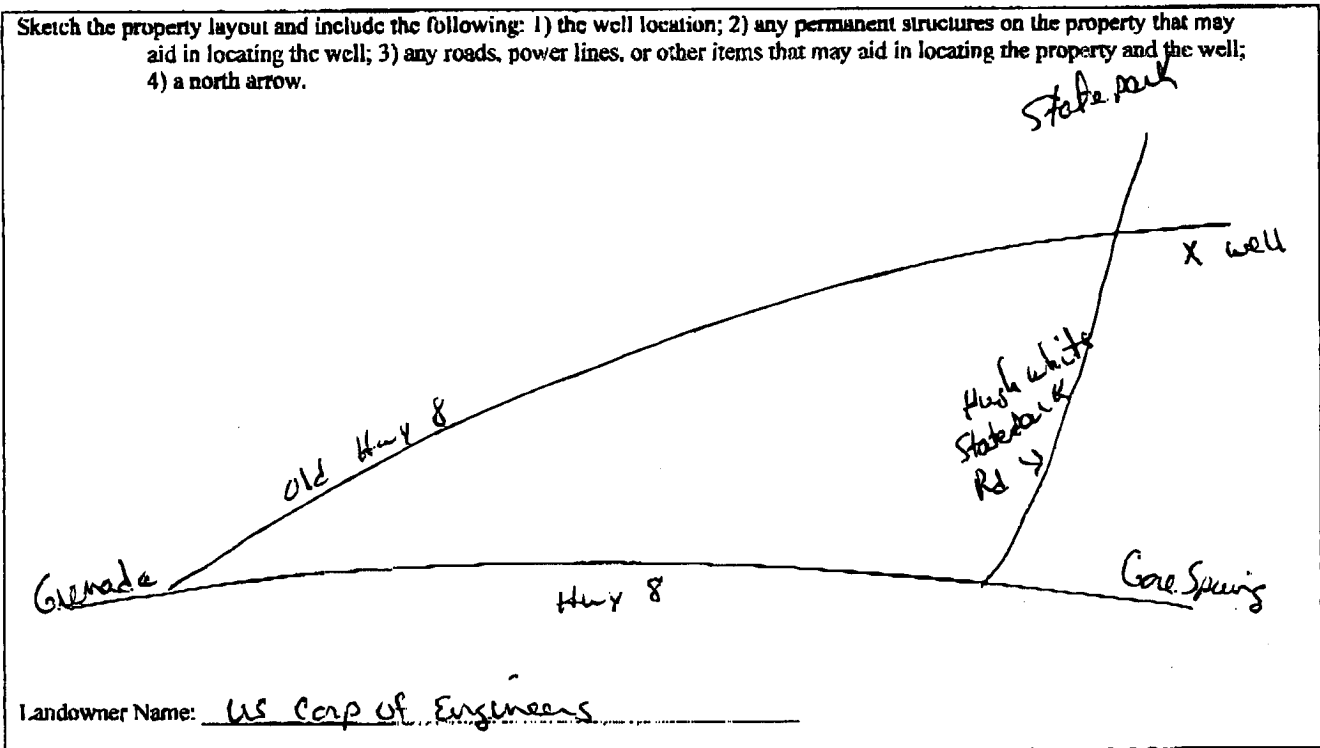
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	15
Clay	15	30
Sand	30	190
Clay + lignite	190	200
Clay	200	305
Sand	305	310
Clay + lignite	310	345
Clay + Sand	345	380
Clay	380	395
Sand	395	415
Clay	415	420
Sand	420	435
sand + clay	435	460
Sand	460	520

If more than one screen, show location of each on sketch



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 RATLIFF 0-002 9-20-05 Robert Ratliff
 Print Name of Responsible Licensee and License No. Date 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)

For Office Use Only:

Aquifer: _____
 Well #: H-157
 Elevation: _____

County: Grenada
 Permit #: _____
 Driller: Ratliff water well
 Date completed: 9-19-05
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	Well Location
Owner Name: <u>City of Grenada</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 310</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Grenada MS 38902-0310</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 1 T 22W R 15E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles E of Grenada</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 hp</u>
Date Pump Installed: <u>9-18-05</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-18-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>91</u> Feet Below Land Surface	Other (specify): <u>unable to check drawdown</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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