

F43 Edg #107
Holmes Co
6-00-83

MISSISSIPPI
BOARD OF WATER COMMISSIONERS
416 North State Street
Jackson, Mississippi 39201

CODED

WATER WELL DRILLERS LOG

June 1983 ROBERT E. RATLIFF CO., INC. Holmes
date well completed firm name county well located

LANDOWNER:	description of formations encountered	from	to
Centerville, W. A.			
West Ms.	Shale	110	120
(mailing address)	Sand	120	140
WELL LOCATION:	Shale + clay	140	300
sec. 32 T 16 N R 5 E	Sandy clay	300	430
2 miles W of West	Sand	430	490
(distance) (direction) (nearest town)	Clay	490	550
WELL PURPOSE:	Sand	550	680
(home, irrigation, <u>municipal</u> , industrial)	Clay	680	710
WELL COMPLETION DATA:	Sand	710	830

CODED

- (1) diameter (inches) 10"
- (2) total depth (feet) 1520'
- (3) static water level (feet) 131' below top of ground.
- (4) casing steel, 801' (material) (depth)
10" (size) if telescope see back.
- (5) screen 20' (length), 62' (depth to top)
6" (size), stainless steel (material)
- (6) pump Turline 150 (HP) (yield gpm)
electric (type power)
- (7) electric log (yes or no)
M B G (organization running log)
- (8) how well bottom plugged BPV

DEPT. OF NATURAL RESOURCES
BUREAU OF LAND & WATER RESOURCES

JUN 28 1984

RECEIVED

DRILLERS REMARKS:

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)

County: Holmes
Permit #: 2179
Driller: T.M. Parker 8/1/83
Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: F-43
Elevation: _____

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>Couteville Water Association</u>	Latitude: _____ Longitude: _____															
Mailing Address: <u>P.O. Box 319</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____															
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>West</u></td> <td style="width: 33%;"><u>Ms.</u></td> <td style="width: 33%;"><u>39192</u></td> </tr> <tr> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> </tr> </table>	<u>West</u>	<u>Ms.</u>	<u>39192</u>	City	State	Zip Code	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> </tr> <tr> <td style="text-align: center;">Distance</td> <td style="text-align: center;">Direction</td> <td style="text-align: center;">Nearest Town</td> </tr> <tr> <td style="text-align: center;"><u>2.5</u> Miles</td> <td style="text-align: center;"><u>West</u></td> <td style="text-align: center;"><u>West</u></td> </tr> </table>	_____	_____	_____	Distance	Direction	Nearest Town	<u>2.5</u> Miles	<u>West</u>	<u>West</u>
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_____	_____	_____														
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<u>2.5</u> Miles	<u>West</u>	<u>West</u>														
Telephone No. <u>(601) 967-0100</u>																

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): <u>Pump Replacement</u> Date Pump Installed: <u>2-21-09</u> Rated Pump Capacity: <u>230</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>252</u> feet <u>830'</u> Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>152</u> 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 Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Bill Martin 0-095
Print Name of Pump Installer and License No. (if applicable)

Bill Martin
Signature of Pump Installer

Form: OLWR-SWR-1B