

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 #: N-41
 L. S. Elevation: _____
 E-log #: _____

County: Holmes
 Permit #: _____
 Driller: Ratliff Water Well
 Date drilling completed: May 9-2007

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>Bill Grotlie</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>117 OAK Hollow Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Madison, MS 39110</u>	<u>1/4 1/4 Sec 8 Twn 15N Rng 4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>10 Miles NE of Lexington</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: May 7 2007 Date well drilling completed: May 9 2007
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 98 feet above or below (circle one) land surface Date measured: May 22, 2007
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 200 feet to 220 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 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 E. Ratliff 0-002
 Print Name of Water Well Contractor and License No.

Robert E. Ratliff
 Signature of Water Well Contractor

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 #: _____
 Driller: RATLIFF Water Well
 Date completed: MAY 9 2007
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: N-41
 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>Bill Crothie</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>117 OAK HOLLOW DR</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Madison</u> <u>Ms.</u> <u>39110</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8</u> T <u>15N</u> R <u>4E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>10</u> Miles <u>NE</u> of <u>Lexington</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 H.P.</u>
Date Pump Installed: <u>MAY 21 2007</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>One Head 54-75-7-50X</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>MAY 21 - 2007</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>98</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>106</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>8</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

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