

APR-30-2008 08:39A FROM:

TO:16013600535

P:6/15

County: Tassasquema
 Permit #: MS-GW-16212
 Driller: RATLIF water well
 Date drilling completed: 2-27-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6932 (fax)
 360-0535

For Office Use Only:
 Aquifer: _____
 Well #: D46
 L. S. Elevation: 98'
 E-log #: _____

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>Tallula Utility Dist</u>	Latitude: <u>32° 41' 58" N</u> Longitude: <u>91° 01' 16" W</u>
Mailing Address: <u>P.O. Box 103</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Rolling Fork MS 39159</u>	USGS quad. <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>10N</u> Rng <u>8W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>Rolling Fork</u>

Well / Borehole Data

Date drilling started: 10/29/07 Date drilling completed: 2/27/08 Hole depth: 710' Hole diameter: 8 1/4"

Location of the source of any surface water used for drilling: Tallula Utility Dist.

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 Gec Survey

Purpose of borehole (check one): Water Well Geotechnical/Geological 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: 14' feet above or below (circle one) land surface Date measured: 2-27-08

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

Well depth: 265' Well grouted to a depth of 225' feet Type of grout (circle one) Neat Cement Bentonite Mix _____

Casing length: 225' feet Casing diameter: 16" inches Type of casing: Steel

Screen length: 40' feet Screen diameter: 10" inches Type of screen: 5 Steel

Screen slot size: 20 inches Setting depth: From 225' feet to 265' 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: 165' feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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APR-30-2008 08:40A FROM:

TO: 16013600535

P: 8/15

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 #: D46
 Elevation: 98'

County: Issaquena
 Permit #: MS-GW-16212
 Driller: Lot 15P water well
 Date completed: 4-2-08
 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>Tallula Utility dist</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (check one): Conventional Survey _____	
Mailing Address: <u>P.O. Box 103</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	_____ 1/4 _____ 1/4 Sec <u>22</u> T. <u>10N</u> R. <u>8W</u>	
<u>Kellamy Fork, MS 39159</u>	Distance _____ Direction _____ Nearest Town _____	<u>4</u> Miles <u>w</u> of <u>ardmore</u>	
City State Zip Code	Telephone No. (____) _____		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>25hp</u>		
Date Pump Installed: <u>4-1-08</u>			Setting Depth: <u>210</u> feet		
Rated Pump Capacity: <u>190</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>4-24-08</u>	Static Water Level (A): <u>20</u> Feet Below Land Surface	<u>Air Line</u>	Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>208</u> Feet Below Land Surface	Drawdown [(B)-(A)]: <u>188</u> Feet Below Land Surface	Other (specify): _____	
Test Pumping Rate: <u>180</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>8</u> hours	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.

Bob Lattif 0-746P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR 5142-16 RECEIVED

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