

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)

County: Leflore
 Permit #: _____
 Driller: RATLIFF water well
 Date drilling completed: 10/1/04

For Office Use Only:
 Aquifer: _____
 Well #: J-143
 L. S. Elevation: _____
 E-log #: _____

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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>NOEL Barnett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22696 CR 507</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>ITIA Bena MS 38941</u>	<u>1/4 Sec 9 Twn 19N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>4 Miles NW of ITIA BENA, MS.</u>

Well Data

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

Date well drilling started: 9/15/04 Date well drilling completed: 10/1/04

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 10/5/04

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

Hole depth: 118.5 Well depth: 118.5 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 114.5 feet Casing diameter: 4x2 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 2" inches Type of screen: Stainless steel

Screen slot size: 10 inches Setting depth: From 114.5 feet to 118.5 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: 210 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): N/A

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)

For Office Use Only:

Aquifer: _____

Well #: J-143

Elevation: _____

County: Leflore
 Permit #: _____
 Driller: RATLIFF WATER Well
 Date completed: 10/1/04

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>WOEL Barnett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>22696 CR 507</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>IHA Bena MS 38941</u> City State Zip Code	<u>1/4 1/4 Sec 9 Twn 19N Rng 2W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4 Miles NW of IHA Bena MS</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>5 hp</u>
Date Pump Installed: <u>10-5-04</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Oct. 7 2004</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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 E. Ratliff 0-002
 Print Name of Pump Installer and License No. (if applicable)

Robert E. Ratliff
 Signature of Pump Installer