

County: Marion
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 3-2-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: 499
 Well #: N158
 L. S. Elevation: _____
 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>Kerry Ratliff</u> | Latitude: <u>31° 10.43''</u> Longitude: <u>89° 53.10''</u> |
| Mailing Address: <u>465 Ten Mile Creek Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>09 38 52 31</u> |
| <u>Foxworth MS 39483</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 34 Twn 3N Rng 13E</u> |
| Telephone No. <u>(601) 736-5748</u> | Distance Direction Nearest Town |
| | <u>7 Miles SW of Foxworth</u> |

Well / Borehole Data

Date drilling started: 3-2-11 Date drilling completed: 3-2-11 Hole depth: 125 Hole diameter: 7 1/2''

Location of the source of any surface water used for drilling: slunning creek

Method of dosing and volume of Chlorine used in drilling and development: shock

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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: 50 feet above of below (circle one) land surface Date measured: 3-2-11

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 105 feet to 125 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*

Form: OLWR-SWR-1A (04/08)

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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)

County: Marion
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 3-2-11

For Office Use Only:

Aquifer: _____
 Well #: N158
 Elevation: _____

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>Kerry Ratliff</u> Mailing Address: <u>465 Ten Mile Creek Rd.</u> <u>Foxworth MS 39483</u> City State Zip Code Telephone No. <u>(601)736-5748</u> | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec. <u>34</u> Twn. <u>3N</u> Rng. <u>13E</u> Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>Foxworth</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>3-2-11</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>80</u> feet Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>3-2-11</u> Static Water Level (A): <u>50</u> Feet Below Land Surface Pumping Water Level (B): <u>80</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface Test Pumping Rate: <u>17</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>17</u> GPM with a drawdown of <u>5</u> feet after <u>4</u> hours of pumping |

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

JAMES WELLS 0-586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

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 BY: OLWR