

### 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)354-6938 (fax)

County: Montgomery  
 Permit #: GW-16332  
 Driller: RATLiff water well  
 Date drilling completed: 11-15-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-18  
 I. 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>Stewart water assoc.</u>	Latitude: <u>33° 26' 44"</u> Longitude: <u>89° 28' 49"</u>
Mailing Address: <u>P.O. Box 29</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Stewart MS 39767</u>	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>18N</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Kilmichael</u>
Telephone No. <u>(662) 614-1258</u>	

**Well / Borehole Data**

Date drilling started: 9-23-08 Date drilling completed: 11-15-08 Hole depth: 730' Hole diameter: 14"

Location of the source of any surface water used for drilling: Stewart water  
 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): MS Geoc Survey

Purpose of borehole (check one): Water Well  Geotechnical/Ceological 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: 56 feet above or below (circle one) land surface Date measured: 11-18-08

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

Well depth: 700 Well grouted to a depth of 630 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 630 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 70 feet Screen diameter: 6 inches Type of screen: Stainless Steel

Screen slot size: 20 inches Setting depth: From 630 feet to 700 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

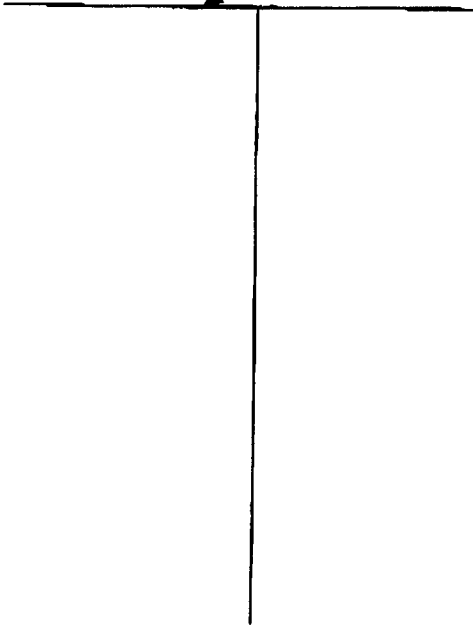
RECEIVED  
DEC 02 2008  
BY: OLWR

L-18

The sketch below only required for water wells

If well telescopes, show depths on sketch.

(Ground) Level ——— X

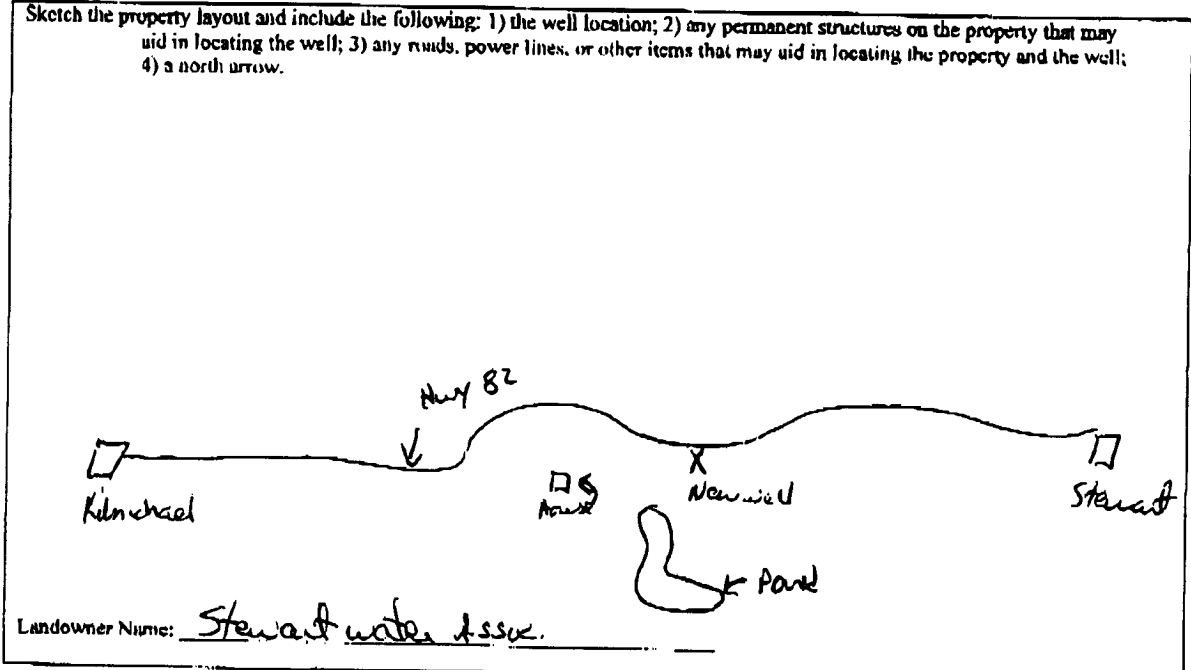


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand + clay	Ground level	30
Clay	30	50
Sandy clay	50	80
Sand	80	110
Clay + lignite	110	130
Clay	130	405
Sand	405	410
Clay	410	570
- Sand -	570	710
Clay	710	725
Rock	725	726
Clay	726	730

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Robert Kettliff 2002 11-28-08 Robert Kettliff  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L18

Elevation: \_\_\_\_\_

County: Montgomery  
Permit #: GW-16332  
Driller: RATLIFF WATERWELL  
Date completed: \_\_\_\_\_

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

Owner Name: Stewart water

Mailing Address: P.O. Box 29

Stewart MS 39747  
City State Zip Code

Telephone No. (662) 614-1258

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 8 T 18N R 8E

Distance Direction Nearest Town

5 Miles E of Kilmichael

### Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: \_\_\_\_\_

Rated Pump Capacity: 300 Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 30

Setting Depth: 130' feet

Number of Stages: \_\_\_\_\_

### Pump Test Data

Date Well Tested: 2-4-09

Static Water Level (A): 59.5 Feet Below Land Surface

Pumping Water Level (B): 92.5 Feet Below Land Surface

Drawdown [(B) - (A)]: 33 Feet Below Land Surface

Test Pumping Rate: 300 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

### Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line 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.

Bob RATLIFF 0-749P  
Print Name of Pump Installer and License No. (if applicable)

Bob Ratliff  
Signature of Pump Installer

Received 6/16/2011

Form: OIWR SWP 10