

# 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 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

### For Office Use Only:

Well #: M16  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: MONTGOMERY  
 Permit #: \_\_\_\_\_  
 Driller: Ratliff Water Well Service  
 Date drilling completed: 7/17/18

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>CLARIA HENSON</u>	Latitude: <u>33° 26' 37"</u> Longitude: <u>89° 32' 35"</u>
Mailing Address: <u>755 WINFREY RD</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City <u>KILMICHAEL</u> State <u>MS</u> Zip Code: <u>39747</u>	<u>NE 1/4 SE 1/4, Sec 15 T 17 N R 7 E</u>
Telephone No. (____) _____	<u>6</u> Miles <u>SE</u> of <u>POPAH CREEK</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7/16/18 Date drilling completed: 7/17/18 Hole depth: 220 Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: Community Community

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm HTH

Logs run (circle all applicable):  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable):  ~~Water Well~~  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 27 feet [above or  below] land surface Date measured: 7/18/18

Method of measurement (circle one): Steel tape  Air line Other (describe): \_\_\_\_\_

Well depth: 220 Well grouted to a depth of: 160 feet Type of grout (circle one): Neat Cement  Bentonite

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 200 feet to 220 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  ~~Water Well~~

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

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 AUG 23 2018

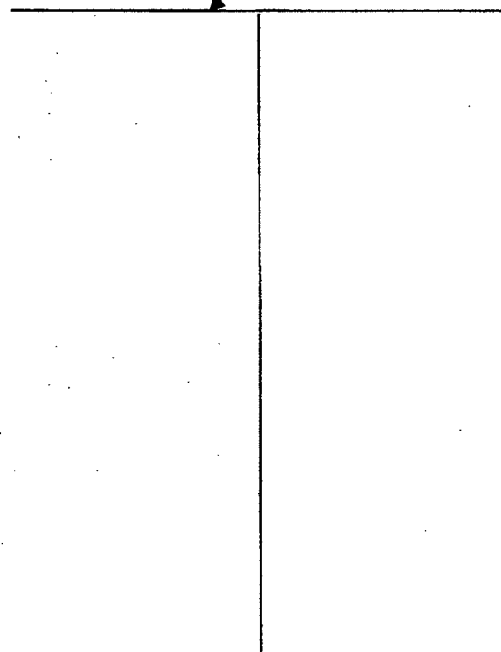
County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: M16

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



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)
CLAY	Ground level	10'
SAND	10'	20'
SAND / CLAY	20'	80'
CLAY	80'	95'
ROCK	95'	97'
SAND / CLAY	97'	100'
SAND	100'	119'
ROCK	119'	120'
CLAY	120'	135'
SAND	135'	140'
CLAY	140'	165'
SAND	165'	175'
CLAY	175'	180'
SAND	180'	220'

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) north arrow



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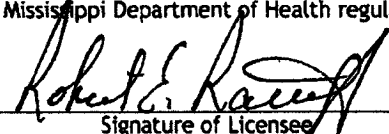
Landowner Name: CLARIA HENSON

I HEREBY 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 E. Ratliff 0-002

Print Name of Responsible Licensee and License No.

7-17-18  
 Date

  
 Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: MIC  
 Aquifer: \_\_\_\_\_

County: MONTGOMERY  
 Permit #: \_\_\_\_\_  
 Driller: Ratliff Water Well Service  
 Date completed: 7/17/18  
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>CLARIA HENSON</u>	Latitude: <u>33° 20' 7"</u> Longitude: <u>89° 32' 35"</u>		Method of Lat/Long (check one): Conventional Survey _____	
Mailing Address: <u>755 WENFREY RD</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		NE <u>1/4</u> SE <u>1/4</u> , Sec <u>15</u> T <u>17N</u> R <u>7E</u>	
<u>KELMECHAEZ</u> MS <u>39747</u>	City State Zip Code		<u>6</u> Miles <u>SE</u> of <u>POPULAR CREEK</u>	
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**

Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 7/17/18 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one):  Repaired  Replacement

**Power Type (circle one)**

Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7/18/18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 27 Feet Below Land Surface Pumping Water Level (B): 58 Feet Below Land Surface

Drawdown [(B) - (A)]: 31 Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of measurement (circle one): Steel tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded xx 12 GPM with a drawdown of xx 31 feet after xx 4 hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: xx

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): xx AUG 23 2018

Installation Date: xx Meter installed by: xx BY JLWR

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Robert E. Ratliff 0-002 7-17-18 Robert E. Ratliff

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Untitled Map

Google Earth

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Wynny Rd

Clara Henson

43

407

Legend

- Clara Henson
- Poplar Creek

2000 ft



Royal