

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 #: 171
Aquifer: _____
E-Log #: _____

County: PANOLA
Permit #: _____
Driller: Ratliff Water Well Service
Date drilling completed: 8-19-16

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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Guy Walker</u>		Latitude: <u>N 34° 17' 49.77" 21</u> Longitude: <u>90° 06' 45.83" W</u>	
Mailing Address: <u>11925 Hwy 6 W</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Batesville</u> State: <u>Ms.</u> Zip Code: <u>38606</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (____) _____		<u>S 1/4 NW 1/4, Sec 24 T 22N R 3E</u>	
		<u>2</u> Miles <u>W</u> of <u>Batesville</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 8-16-16 Date drilling completed: 8-19-16 Hole depth: 110 Hole diameter: 7 1/4

Location of the source of any surface water used for drilling: 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): ~~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): ~~Home~~ Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 21 feet [above or land surface] Date measured: 8-19-16
 (circle one)

Method of measurement (circle one): Steel tape ~~Acoustic~~ Air line Other (describe): _____

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite ~~Other~~

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 90 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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

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)

County: PANOLA
 Permit #: _____
 Driller: RATLIFF WATER WELLS
 Date completed: 8-19-16
 Copy information from block on Part 1

For Office Use Only:
 Well #: 271
 Aquifer: _____

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>Guy Walker</u>			Latitude: <u>N 34° 17' 42.77</u>	Longitude: <u>W 90° 0' 45.83</u>	
Mailing Address: <u>11925 Hwy 6 W</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Batesville</u>	<u>Ms.</u>	<u>38606</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
City	State	Zip Code	_____ 1/4 _____ 1/4, Sec. <u>14</u> T. <u>27N</u> R. <u>3E</u>		
Telephone No. () _____			<u>2</u> Miles <u>W</u> of <u>Batesville</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-26-16 Rated Pump Capacity: 95 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5 Setting Depth: 100 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 9-1-16 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 21 Feet Below Land Surface Pumping Water Level (B): 31 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 50 GPM with a drawdown of 10 feet after 4 hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 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 9-2-16 Robert E. Ratliff
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer