

State Well Report

Part I - 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: Prentiss
Permit #: GW 16648
Driller: KatLiff
Date drilling completed: 8-26-10

For Office Use Only:
Aquifer: _____
Well #: F-70
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>Wheeler-Frankston water</u>	Latitude: <u>34° 35' 56"</u> Longitude: <u>88° 33' 34"</u>
Mailing Address: <u>P.O. Box 157</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> SO
<u>Wheeler</u> <u>MS</u> <u>38880</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4</u> Sec <u>33</u> Twn <u>55</u> Rng <u>7E</u>
Telephone No. ()	Distance <u>3</u> Miles <u>E</u> Direction of <u>Wheeler</u> Nearest Town
Well / Borehole Data	
Date drilling started: _____ Date drilling completed: <u>8-26-10</u> Hole depth: <u>480'</u> Hole diameter: <u>18"</u>	
Location of the source of any surface water used for drilling: <u>Wheeler-Frankston</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>Miss Geo Survey / Geom Drilling</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>216</u> feet above or below (circle one) land surface Date measured: <u>8-30-10</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>396'</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>335</u> feet Casing diameter: <u>12"</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>60</u> feet Screen diameter: <u>8"</u> inches Type of screen: <u>Stainless steel</u>	
Screen slot size: <u>20</u> inches Setting depth: From <u>335</u> feet to <u>395</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>276'</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

STAM
6-30-14

Form: OLWR-SWR-1A

MSD## 0590014-05

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F70 Franks Co

The sketch below only required for water wells

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

If well telescopes, show depths on sketch

Ground Level _____

Description of Formations Encountered	From (depth)	To (depth)
Sandy clay	Ground Level	40
sand w/clay streaks	40	97
Rock	97	98
Sand w/clay streaks	98	130
sand	130	155
shale	155	215
sand	215	220
shale	220	226
Rock	225	226
Rock	250	251
Rock	260	261
shale	260	300
Rock	300	301
sand/clay	300	315
Rock	316	317
sandy clay	318	360
sand	360	440
sand/gravel	440	460
sandy clay	460	480

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.

SEE MAP

Landowner Name: Wheeler-Franks town Water Assoc.

Form: OLWR-SWR-1A

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 Kattell 0-002 9-1-10
 Print Name of Responsible Licensee and License No. Date

Robert Kattell
 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)

County: Prentiss
 Permit #: GW 16648
 Driller: Robert Kattiff
 Date completed: 11-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F70
 Elevation: _____

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>Wheeler-Frankstown</u>	Latitude: <u>34° 35' 78⁵⁶</u> Longitude: <u>88° 33' 33⁵⁰</u>
Mailing Address: <u>P.O. Box 257</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Wheeler, MS 38886</u>	USGS quad <u>5E 5E</u> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>33 T 55 R 7E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3 Miles E of Wheeler</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 hp 460v</u>
Date Pump Installed: <u>Nov 2010</u>	Setting Depth: <u>378</u> feet
Rated Pump Capacity: <u>175</u> Gallons Per Minute	Number of Stages: <u>17 stageGrundfos</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Feb 2011</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>216</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>358</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>148</u> Feet Below Land Surface	Well yielded <u>175</u> GPM with a drawdown of
Test Pumping Rate: <u>175</u> Gallons Per Minute	<u>148</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Robert Kattiff 0002 Robert Kattiff
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: **RECEIVED**

JUN 26 2014

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