

County: Sharkey  
 Permit #: \_\_\_\_\_  
 Driller: Ratliff Water Well  
 Date drilling completed: 11-10-11

**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)

For Office Use Only:  
 Aquifer: 6161  
 Well #: \_\_\_\_\_  
 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.

|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Information on Well Owner</b><br/> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Mike Roach</u><br/>       Mailing Address: <u>102 Muirfield Dr.</u><br/> <u>Vicksburg Ms. 39183</u><br/>       City State Zip Code<br/>       Telephone No: <u>(601) 618-3312</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N32° 44' 57"</u> Longitude: <u>90° 51' 57"</u><br/>       Method of Lat/Long (circle one): Conventional Survey,<br/>       USGS quad <u>Hand-held GPS</u>, Survey-grade GPS<br/> <u>92° 55' Sec. 36</u> <u>Twn 11N</u> <u>Ring 7W</u><br/>       Distance Direction Nearest Town<br/> <u>3</u> Miles <u>South</u> of <u>CARL, MS.</u></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Well / Borehole Data**

Date drilling started: 11/7/11 Date drilling completed: 11/10/11 Hole depth: 470 Hole diameter: 6 1/2

Location of the source of any surface water used for drilling: NEARBY LAKE  
 Method of dosing and volume of Chlorine used in drilling and development: 100 ppm solution mixed in 2000 gal tank

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: 22' feet above or below (circle one) land surface Date measured: 11/15/11

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

Well depth: 470' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 450' feet Casing diameter: 4" inches Type of casing: Steel

Screen length: 20' feet Screen diameter: 2" inches Type of screen: STAINLESS

Screen slot size: .013 inches Setting depth: From 450' feet to 470' 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: 180' feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A



# STATE WELL REPORT

## Part 2

County: **Shalkey**  
 Permit #:  
 Driller: **Ratliff Water Well**  
 Date completed: **11-10-11**  
*Copy information from block on Part 1*

**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 #: **G161**  
 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: <b>Milre Roach</b>            | Latitude: <b>N32° 49' 960"</b> Longitude: <b>W090° 51' 967"</b>                                                                |
| Mailing Address: <b>102 Muirfield Dr.</b> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>                                                   |
| <b>Vicksburg Ms, 39183</b>                | USGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> |
| City State Zip Code                       | 1/4 Sec <b>34</b> T. <b>11N.</b> R. <b>7W</b>                                                                                  |
| Telephone No. (601) <b>618-3312</b>       | Distance Direction Nearest Town                                                                                                |
|                                           | <b>3</b> Miles <b>South</b> of <b>Cary, Ms.</b>                                                                                |

| Pump Type<br>Circle one                                                                      | Power Type<br>Circle one                                                   |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/> | Diesel Engine Gasoline Engine Natural Gas                                  |
| Bucket Piston Turbine <input type="checkbox"/>                                               | <b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well <input type="checkbox"/>                                     | Windmill Other (specify):                                                  |
| Other (specify):                                                                             | Horse Power Rating of Motor: <b>1 h.p.</b>                                 |
| Date Pump Installed: <b>11-15-11</b>                                                         | Setting Depth: <b>80'</b> feet                                             |
| Rated Pump Capacity: <b>20</b> Gallons Per Minute                                            | Number of Stages: <b>12</b>                                                |

| Pump Test Data                                             | Method of Measuring Water Level<br>Circle one                                                                                            |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Date Well Tested: <b>11-15-11</b>                          | Air Line <input type="checkbox"/> <b>Electric Measuring Line</b> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <b>22</b> Feet Below Land Surface  | Other (specify):                                                                                                                         |
| Pumping Water Level (B): <b>34</b> Feet Below Land Surface | For flowing well, measured shut in head: feet                                                                                            |
| Drawdown (B) (A): <b>12</b> Feet Below Land Surface        | Well yielded <b>20</b> GPM with a drawdown of                                                                                            |
| Test Pumping Rate: <b>20</b> Gallons Per Minute            | <b>12</b> feet after <b>1</b> hours of pumping                                                                                           |
| Duration of Pump Test (minimum 4 hours): <b>1</b> hours    |                                                                                                                                          |

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

**Robert E. Ratliff 0-002**      **Robert E. Ratliff**  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-18