

County: Shank  
 Permit #: \_\_\_\_\_  
 Driller: Ratliff Water Well  
 Date drilling completed: 10-27-11

**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)

For Office Use Only:  
 Aquifer: J 87  
 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>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Bill Mayer</u>          Mailing Address: <u>P.O. Box 1632</u>  <u>Ferndale La. 71334</u>          City State Zip Code          Telephone No.: <u>318 757-6579</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>32° 44' 06" N</u> Longitude: <u>90° 53' 22" W</u>          Method of Lat/Long (circle one): Conventional Survey          USGS quad: <u>Hand-held GPS</u> Survey-grade GPS          NW NE Sec 11 Twn 10N Rng 7W          Distance Direction Nearest Town  <u>3</u> Miles <u>South</u> of <u>Chalms, Ms.</u></p>
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**Well / Borehole Data**

Date drilling started: 10-24-11 Date drilling completed: 10/27-11 Hole depth: 450 Hole diameter: 7 1/4"

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: 100ppm solution mixed in 200gal. 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: 12 feet above or below (circle one) land surface Date measured: 10-27-11

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

Well depth: 450 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 430 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 430 feet to 450 feet

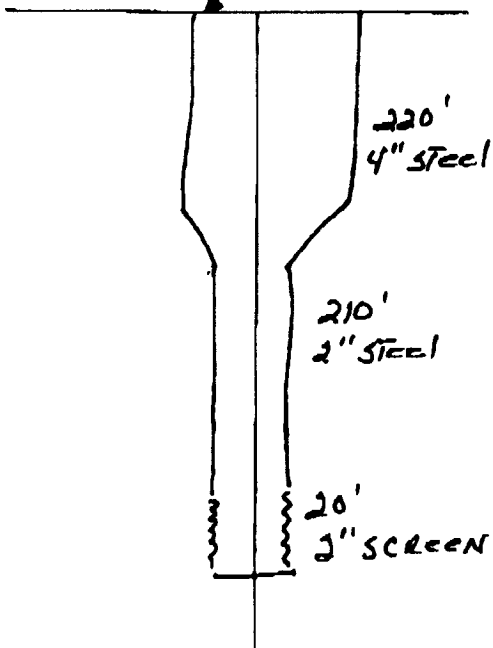
Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 (Other (describe): \_\_\_\_\_)

Top of lap pipe or reduction in casing: 220 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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)	
	Ground Level	
CLAY	0	50
SAND	50	130
GRAVEL	130	150
CLAY	150	290
CLAY w/ SAND STKS	290	400
SAND	400	450

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.

Landowner Name: Bill Mayer

Form: OLWR-6WR-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 E. Ratliff 0-002 11-16-11

*Robert E. Ratliff*  
Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

# 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: Shadeleaf  
 Permit #: RA11: PF Water Well  
 Driller: RA11: PF Water Well  
 Date completed: 10-27-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J87  
 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>Bill Mayer</u>	Latitude: <u>W32°44'05"</u> Longitude: <u>W90°53'22"</u>
Mailing Address: <u>P.O. Box 1632</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Ferriday</u> La. <u>71334</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	1/4 Sec <u>4</u> T <u>10N</u> R <u>7W</u>
Telephone No. <u>318-757-6579</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>South</u> of <u>CANY</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>11-15-11</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-15-11</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>41</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>19</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>19</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

Robert E. RA11: PF 0-002 Robert E. Rader  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B