

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 #: 00140
 Aquifer: MUWX
 E-Log #: _____

County: Tallahatchie
 Permit #: MSGW 17269
 Driller: Ratliff Water Well Service
 Date drilling completed: 12-20-17

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>ICS Headstart</u> | Latitude: <u>33 49 56.1 N</u> Longitude: <u>90 18 44.6 W</u> |
| Mailing Address: <u>STURDIVANT ROAD</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/> |
| City <u>Glendora</u> State <u>Ms.</u> Zip Code <u>38928</u> | <u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>29</u> T <u>13N</u> R <u>1W</u> |
| Telephone No. (____) _____ | <u>1</u> Miles <u>West</u> of <u>Glendora</u> (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 10-9-17 Date drilling completed: 12-20-17 Hole depth: 820 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): ~~No-log-run~~ Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): STATE GEOLOGY

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): ~~Home~~ Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 7 feet [above or below] land surface Date measured: 3-22-18
(circle one)

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

Well depth: 790 Well grouted to a depth of: 765 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 765 feet Casing diameter: 8 inches Type of casing: Steel

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

Screen slot size: .013 inches Setting depth: From 770 feet to 790 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 680 feet

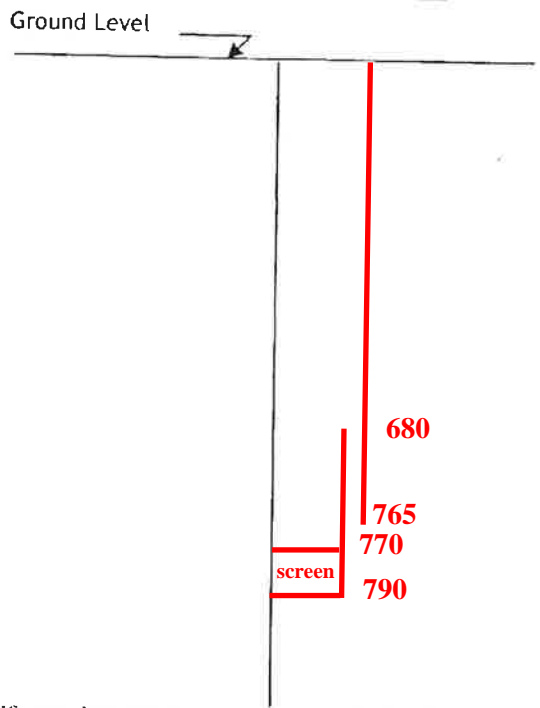
If telescoped or more than one screen, describe on next page

County: Tallahatchie
 Permit #: MS-GW-17269

For Office Use Only:
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The sketch below only required for water wells
If well telescopes, show depths on sketch.

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) |
|---------------------------------------|--------------|------------|
| TOP CLAY | Ground level | 10 |
| SAND | 10 | 70 |
| CLAY | 70 | 80 |
| SAND - GRAVEL | 80 | 130 |
| HARD CLAY | 130 | 220 |
| SAND - SHALE | 220 | 340 |
| CLAY | 340 | 400 |
| SAND | 400 | 440 |
| SANDY SHALE + | 440 | 740 |
| HARD CLAY | | |
| SAND | 740 | 800 |
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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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04-04-2019
BY OLWR

SEE MAP

Landowner Name: _____

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

1-10-18
 Date

Robert E. Ratliff
 Signature of Licensee

Print Name of Responsible Licensee and License No.

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04-04-2019
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STATE WELL REPORT
Part 2

County: Tallahatchie
Permit #: MS-GW-17269
Driller: Ratliff Water Well Service
Date completed: 12-20-17
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 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:
Well #: 00140
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>ICS Headstart</u> | Latitude: <u>33° 49' 56.1" N</u> Longitude: <u>90° 18' 44.6" W</u> |
| Mailing Address: <u>STURDIVANT ROAD</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS <u>X</u> |
| <u>Glendora</u> <u>MS</u> <u>38928</u> | _____ ¹ / ₄ _____ ¹ / ₄ , Sec. <u>29</u> T. <u>13N</u> R. <u>1W</u> |
| City State Zip Code | <u>1</u> Miles <u>W</u> of <u>Glendora</u> |
| Telephone No. () _____ | (Distance) (Direction) (Nearest Town) |

Pump Type (circle one): Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 3-19-18 Rated Pump Capacity: 45 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: 186 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 3-22-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 7 Feet Below Land Surface Pumping Water Level (B): 94 Feet Below Land Surface

Drawdown [(B) - (A)]: 87 Feet Below Land Surface Test Pumping Rate: 54 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: _____ xx _____ feet.

Well yielded _____ xx 54 GPM with a drawdown of _____ xx 87 feet after _____ xx 4 hours of pumping

Meter Installation

Meter Manufacturer: xx McCrometer Meter Serial Number: xx _____

Meter Model Number/Name: xx MK-04 Type of Meter: xx Turbine

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): xx 100

Installation Date: xx 3-5-18 Meter installed by: xx Ratliff Water Well

Is This Meter (circle one): New Repaired Replacement

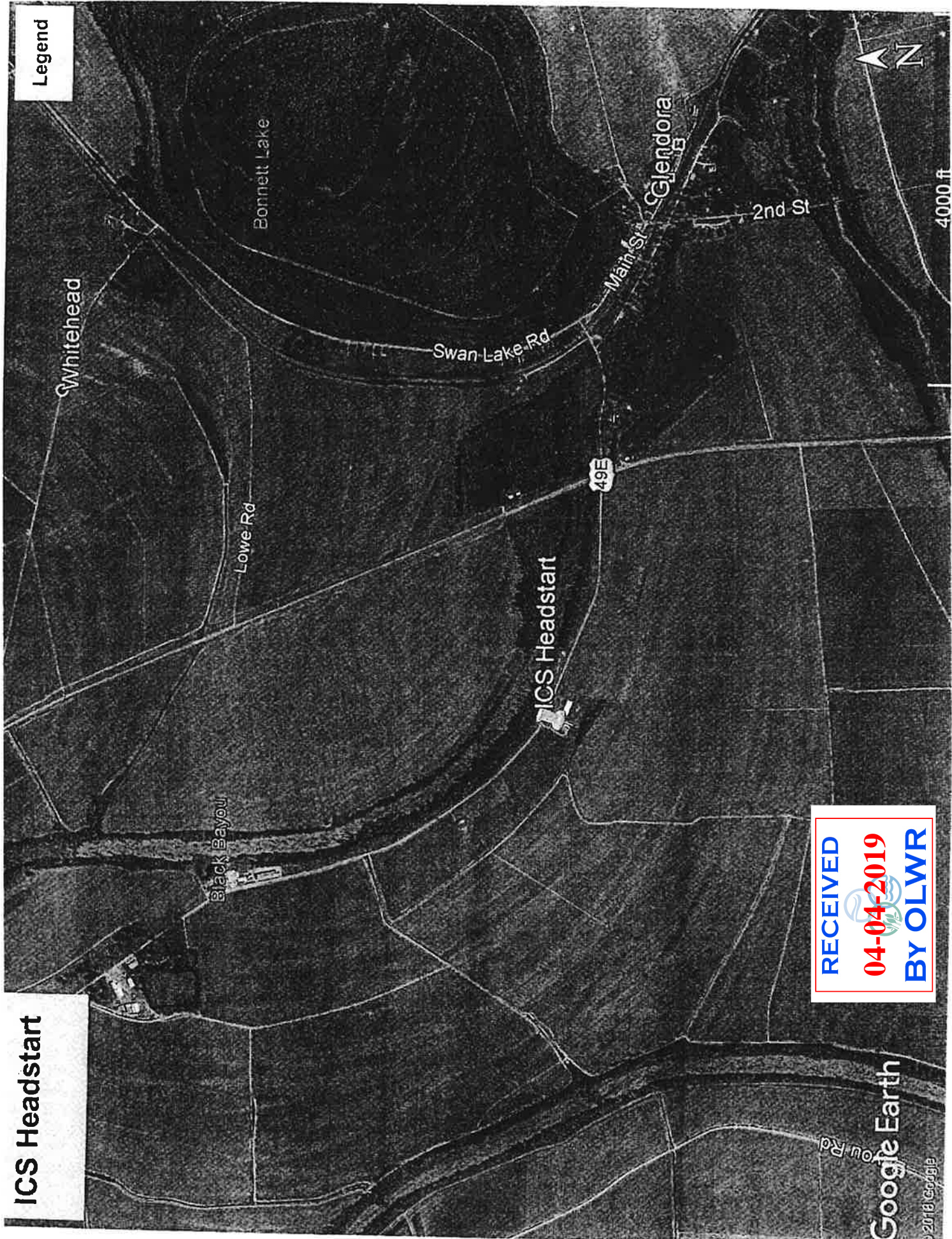
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Robert E. Ratliff 0-002
Print Name of Pump Installer and License No. (if applicable) Date 3-29-18 Signature of Pump Installer Robert E. Ratliff

ICS Headstart

Legend



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04-04-2019
BY OLWR

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