

# 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 #: 157  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Yalobusha  
 Permit #: MS-GW-17211  
 Driller: Ratliff Water Well Service  
 Date drilling completed: 5-19-16

*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.*

<p><b>Well Owner Information</b>                  (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>U.S. CORP OF ENGINEERS</u></p> <p>Mailing Address: <u>ENID LAKE</u>  <u>Vicksburg District</u></p> <p>City <u>Vicksburg</u> State <u>Ms.</u> Zip Code _____</p> <p>Telephone No. (____) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N 34° 08' 00.4"</u> Longitude: <u>089° 54' 11.8" W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>R</u> ¼ <u>R</u> ¼, Sec <u>14</u> T <u>11S</u> R <u>7W</u></p> <p><u>5</u> Miles <u>SE</u> of <u>POPE, MS.</u></p> <p>(Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 2-23-16 Date drilling completed: 5-19-16 Hole depth: 890 Hole diameter: 11 7/8

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): MS. Geological Survey

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: 1.23 feet [above or below] land surface Date measured: 6-1-16  
 (circle one)

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

Well depth: 880 Well grouted to a depth of: 860 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 860 feet Casing diameter: 6 inches Type of casing: Galv. Steel

Screen length: 20 feet Screen diameter: 3 inches Type of screen: STAINLESS

Screen slot size: .008 inches Setting depth: From 860 feet to 880 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 818 feet

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

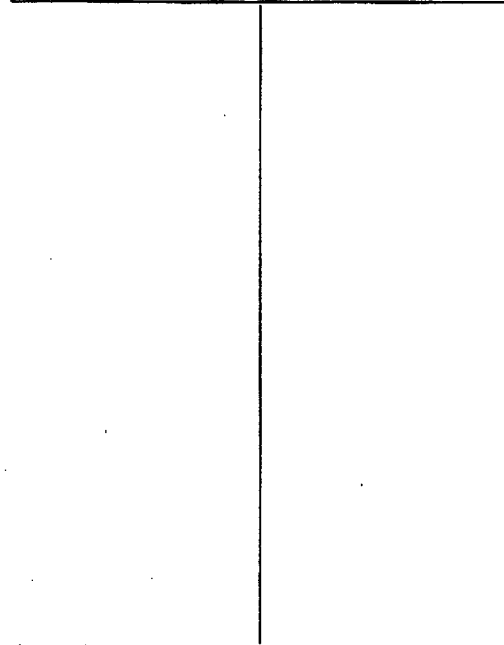
County: YALOBUSHA  
Permit #: MS-GW-17211

For Office Use Only:  
Well #: ASL

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level     



If more than one screen, show location of each 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)
CLAY	Ground level	20
SAND	20	100
CLAY & SHALE	100	310
SAND	310	400
SANDY CLAY w/HARD	400	560
SHALE		
SANDY SHALE	560	730
HARD SHALE w/SAND	730	850
SAND	850	880
HARD CLAY	880	890

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

SEE MAP

Landowner Name: U.S. CORP OF ENGINEERS, ENID LAKE, MS.

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  
Print Name of Responsible Licensee and License No. 6-3-16 Date Robert E. Ratliff Signature of Licensee

# 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)

**For Office Use Only:**

Well #: H58  
 Aquifer: \_\_\_\_\_

County: Yalobusha  
 Permit #: MS-GW-17211  
 Driller: Ratliff Water Well Service  
 Date completed: 8-17-16  
Copy information from block on Part 1

*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>U.S. Corp of Engineers</u>	Latitude: <u>N 34° 08' .4"</u> Longitude: <u>W 89° 54' 11.8"</u>
Mailing Address: <u>P.O. Box 10</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>Enid</u> State: <u>Ms.</u> Zip Code: <u>38927</u>	_____ 1/4 _____ 1/4, Sec <u>14</u> , T <u>11S</u> R <u>7W</u>
Telephone No. (____) _____	<u>5</u> Miles <u>SE</u> of <u>POPE, MS.</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 8-15-16 Rated Pump Capacity: 50 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: 315 feet Number of Stages: 22

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-17-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 123 Feet Below Land Surface Pumping Water Level (B): 219 Feet Below Land Surface

Drawdown [(B) - (A)]: 96 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: \_\_\_\_ xx \_\_\_\_ feet.

Well yielded 50 GPM with a drawdown of 96 xx feet after 6 hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_ xx Meter Serial Number: xx \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_ xx Type of Meter: xx \_\_\_\_\_

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

Installation Date: xx \_\_\_\_\_ Meter installed by: xx \_\_\_\_\_

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 9-7-16 Signature of Pump Installer Robert E. Ratliff