

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)

County: Yalobusha
 Permit #: _____
 Driller: Ratliff water well
 Date drilling completed: 8-20-07

For Office Use Only:
 Aquifer: _____
 Well #: C-85
 L. S. Elevation: _____
 H-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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>John Crew</u> Mailing Address: <u>203 Wagner St</u> <u>Water Valley MS 38905</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>11S</u> Rng <u>4W</u> Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Water Valley</u></p>
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Well / Borehole Data

Date drilling started: 8-20 Date drilling completed: 8-20 Hole depth: 140' Hole diameter: 7 1/2"
 Location of the source of any surface water used for drilling: N/A
 Method of dosing and volume of Chlorine used in drilling and development: _____
 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

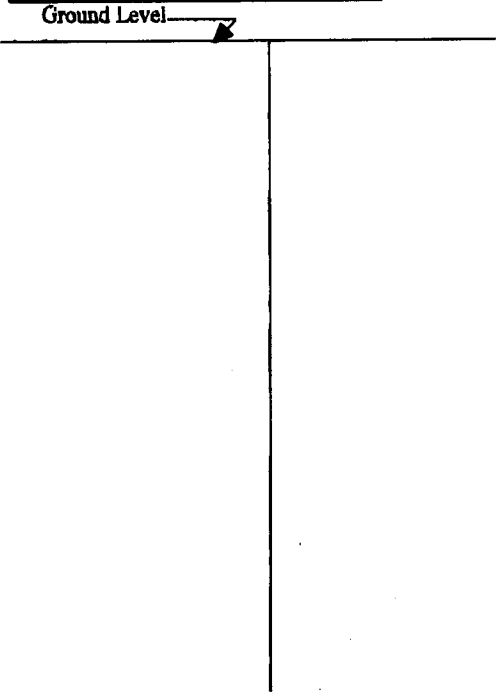
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 81 feet above or below (circle one) land surface Date measured: 8-22-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: 10 inches Setting depth: From 110 feet to 120 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: N/A feet. *If telescoped or more than one screen, describe on next page*

C-85

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

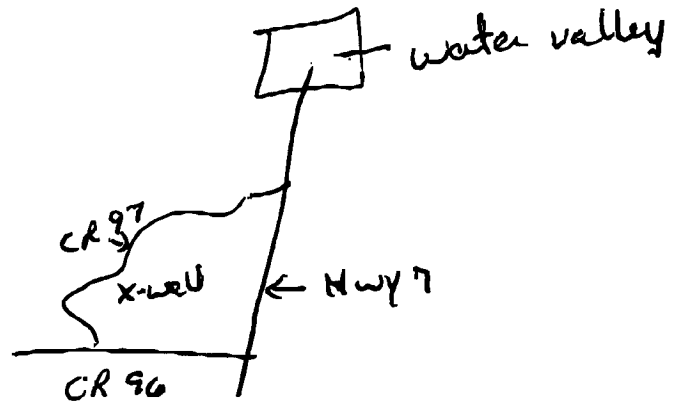
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Top soil/Red sand	Ground Level	20
sand/clay	20	60
sand	66	120
Rock	133	134
clay	134	140

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: John Crew

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 RAFFLFF 0-002 8-24-07 Robert Raffleff
 Print Name of Responsible Licensee and License No. Date 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Yalobusha
 Permit #: _____
 Driller: RATLIFF
 Date completed: 8-22-07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C-85
 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>John Crew</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>203 Wagner St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Water Valley MS 38965</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T <u>11S</u> R <u>4w</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>S</u> of <u>Water Valley</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8-22-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>17 stage</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-22-07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>81</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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