

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: Raf. E. Waterwell
 Date drilling completed: JAN - 09

For Office Use Only:
 Aquifer: _____
 Well #: C-86
 L. S. Elevation: 300
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Yalobusha Country Club</u>	Latitude: <u>34.124572</u> Longitude: <u>89.644907</u>
Mailing Address: <u>P.O. Box 509</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Water Valley</u> <u>Ms.</u> <u>38965</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 17 Twp 27N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 Miles South of WATER VALLEY</u>

location approximated from sketch

Well Borehole Data

Date drilling started: 12/08 Date drilling completed: 1/09 Hole depth: 135 Hole diameter: 10 1/2"

Location of the source of any surface water used for drilling: City of Water Valley

Method of dosing and volume of Chlorine used in drilling and development: SOAP

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: 93 feet above or below (circle one) land surface Date measured: 1/19/09

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

Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 6" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 6" inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 95 feet to 135 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: _____ feet. *If telescoped or more than one screen, describe on next page*

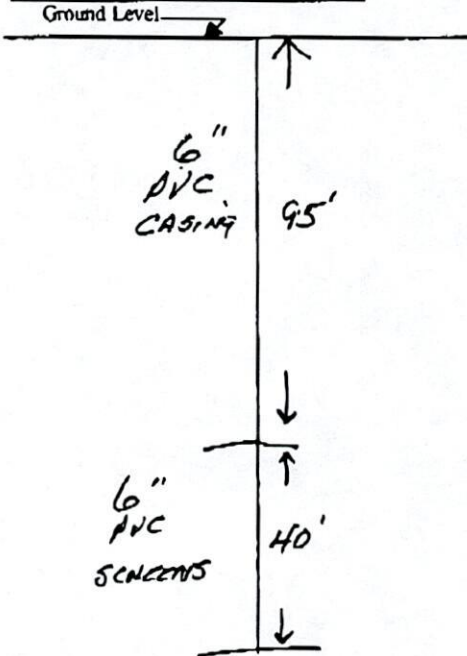
Form: OLWR-SWR-1A

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 BY: OLWR

C-86

The sketch below only required for water wells

If well telescopes, show depths on sketch.

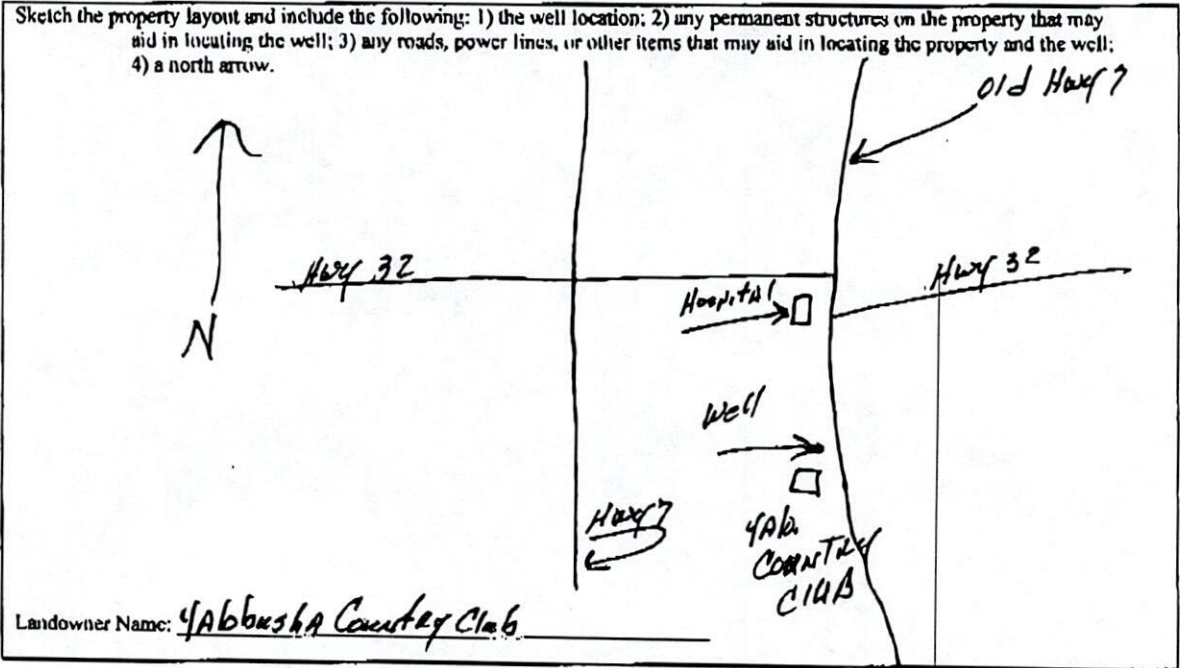


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	18
SAND	18	60
SAND w/CLAY STREAKS	60	80
SAND	80	100
SAND w/CLAY STREAKS	100	120
SAND COURSE	120	130
COURSE SAND	130	135
ROCK	135	135.5

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.



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 Rattliff 0-002 1/28/09
 Print Name of Responsible Licensee and License No. Date

Robert E. Rattliff
 Signature of Licensee

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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 Water Well
 Date completed: JAN-09
 Copy information from block on PAUL

For Office Use Only:
 Aquifer: _____
 Well #: C-86
 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>Yalobusha Country Club</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 509</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Water Valley</u> <u>Ms.</u> <u>38965</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> T. <u>26N</u> R. <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>South</u> of <u>Water Valley</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 h.p.</u>
Date Pump Installed: <u>1/19/09</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-19-09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>106</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>16</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> 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-1B

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(SARDIS SE)



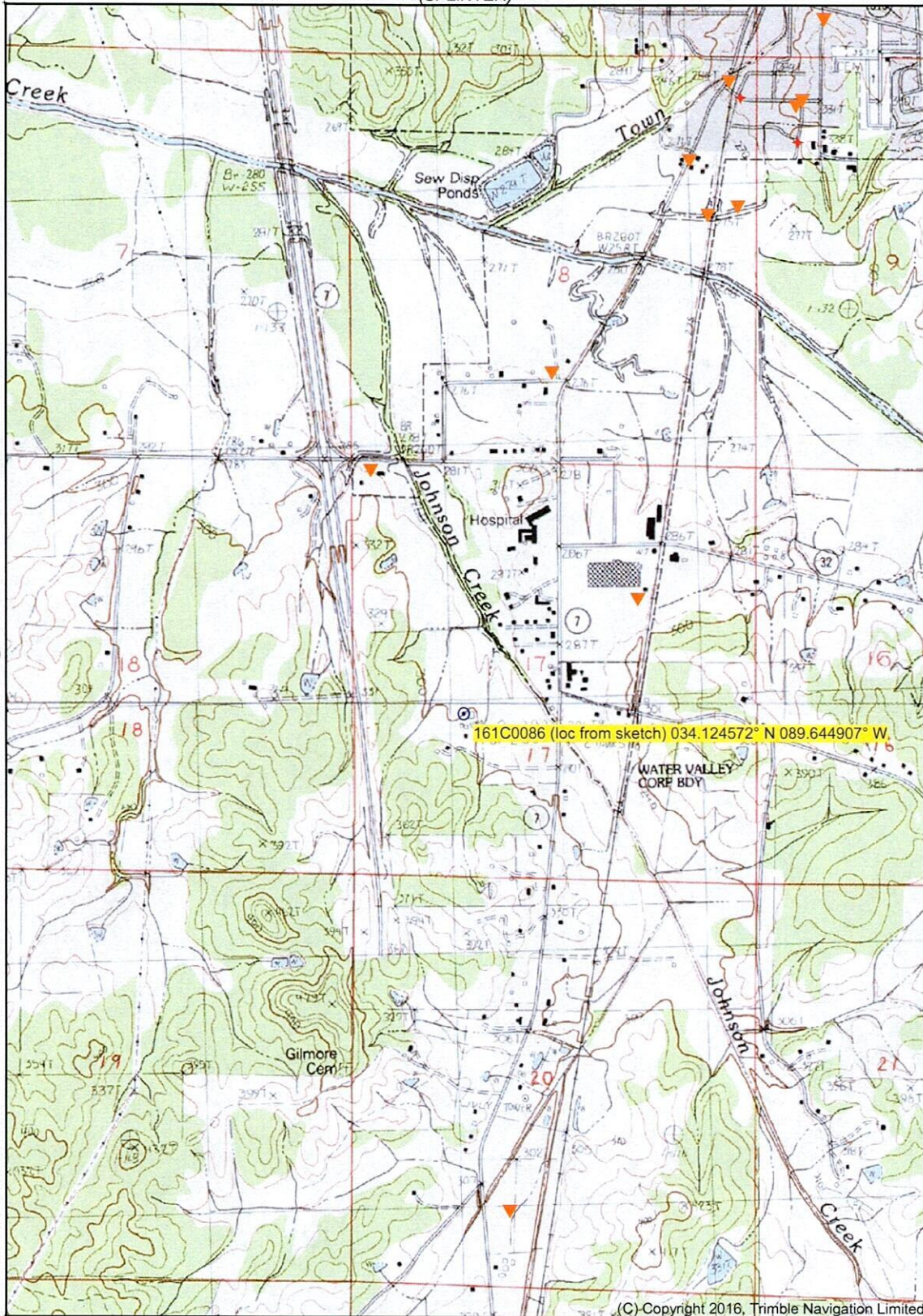
WATER VALLEY WEST QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES

(OXFORD
SOUTH)

089° 39' 52.7625" W
034° 08' 59.1064" N

(SPLINTER)

089° 37' 29.8328" W
034° 08' 59.1064" N



(SHUFORD)

(WATER VALLEY
EAST)

161C0086 (loc from sketch) 034.124572° N 089.644907° W

034° 08' 11.5039" N
089° 39' 52.7625" W

(C) Copyright 2016, Trimble Navigation Limited

Printed: Fri Jan 28, 2022

034° 08' 11.5039" N
089° 37' 29.8328" W

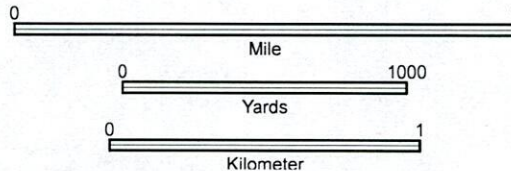
(COKER LAKE)

Declination



GN 1.48° W
MN 1.62° W

(VELMA)
SCALE 1:24000



CONTOUR INTERVAL 20 FT

(PINE VALLEY)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 12M N and
8M W

34089-B6-TM-024
WATER VALLEY WEST, MS
JAN 1, 1983



Frostland-Drive

n-Circle

South-Main-Street

Hendricks-F

Yalobusha General Hospital
Yalobusha General Hospital

Frostland-Drive

Valley-Motel-Road

Lee-Ann-Drive

Grafton-Drive

South-Main-Street

Van-Landingham-Road

County-Road-220

County-Road-436

oad-497

Jefferson

161C0086 (loc from sketch) 034.124572° N 089.644907°