

State Well Report

Part I - 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) 551-6938 (fax)

County: Yalobusha
 Permit: RATLIF water well
 Driller: RATLIF water well
 Date drilling completed: 4-28-10

For Office Use Only
 Aquifer: C 88
 Well: _____
 Elevation: _____
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Herman Jones</u> Mailing Address: <u>14926 Hwy 32</u> <u>Water Valley MS 38965</u> City State Zip Code Telephone No: _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34 09 26</u> Longitude: <u>89 39 35</u> Method of Location (circle one): <u>Conventional Survey</u> USGS quad: _____ Hand-held GPS: _____ Survey grade GPS: _____ T. _____ Sec. <u>6</u> Twp. <u>11 S</u> Rng. <u>HW</u> Distance Direction Nearest Town <u>2</u> Miles <u>west</u> of <u>Water Valley</u></p>
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Well / Borehole Data

Date drilling started: 4-19-10 Date drilling completed: 4-28-10 Hole depth: 540 Hole diameter: 6 1/2"
 Location of the source of any surface water used for drilling: private well
 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 logs: _____
 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.

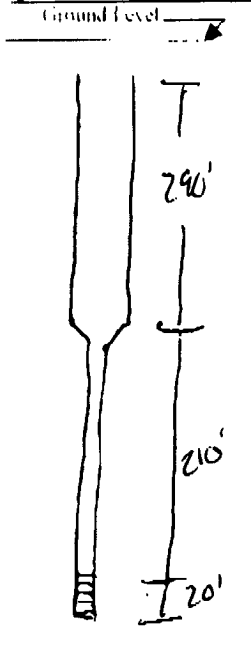
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe): _____
 Static Water Level: 47 feet above or below (circle one) land surface Date measured: 4-28-10
 Method of Measurement (circle one): steel tape electronic tape an line other _____
 Well depth: 540' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mts _____
 Casing length: 290 feet Casing diameter: 4 inches Type of casing: Steel
 Screen length: 20 feet Screen diameter: 2 1/2 inches Type of screen: Steel
 Screen slot size: 13 inches Setting depth from 520 feet to 540 feet
 Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescopic _____ Open hole _____ Natural Development _____
 Other (describe): _____
 Top of lap pipe or reduction in casing: 290 feet If telescoped or more than one screen, describe on next page.

Form GLWR SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch

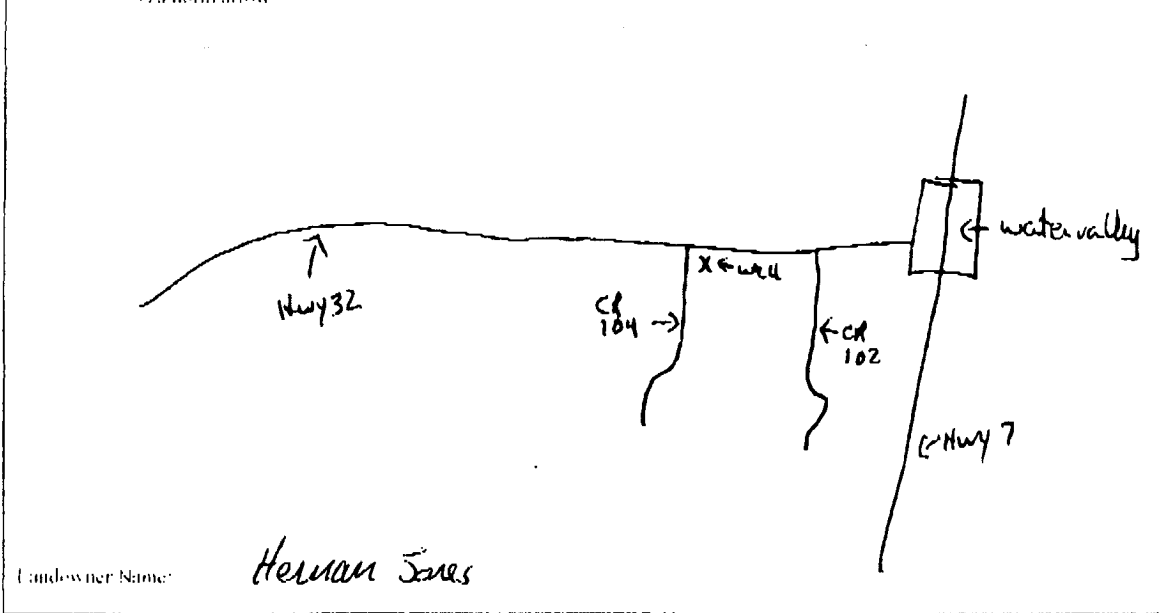


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From depth Ground Level	To depth
Sandy clay	100	180
clay	180	220
clay + lignite	225	226
Rock	226	450
clay	450	480
shale	480	540
sand		

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 Kattell 0-002 5-14-11 Robert Kattell
 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 10641
 Jackson, MS 39228-0641
 (601) 961-5210
 (601) 954-6938 (fax)

County: Yalobusha
 Permit:
 Docket: Rat Liff
 Date completed: 4-29-10
Copy information from block on Part 1

For Office Use Only:

Apur: C 88
 Well:
 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>Herman Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14926 Hwy 32</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>Water Valley MS 38965</u>	USGS quad: _____ Hand held GPS: _____ Survey grade GPS: _____
City: _____ State: _____ Zip Code: _____	_____ Sec: <u>13</u> T: <u>26N</u> R: <u>5W</u>
Telephone No. (_____) _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2</u> Miles <u>W</u> of <u>Water Valley</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston: <input type="checkbox"/> Turbine: <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary: <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>4-29-10</u>	Setting Depth: <u>126</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-29-10</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> Steel Tape: <input type="checkbox"/>
Static Water Level (A): <u>47</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Test Pumping Rate: <u>50</u> Gallons Per Minute	Well yielded: _____ GPM with a drawdown of _____
Duration of Pump Test (minimum 1 hour): <u>4</u> hours	_____ feet after _____ hours of pumping

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

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

Form OLWR-SWR-1B