

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 #: Q88

Aquifer: _____

E-Log #: _____

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BY OLWR

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>VILLAGE OF SATARTIA</u>	Latitude: <u>32° 40' 14.79"</u> Longitude: <u>90° 32' 36.24"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____,
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>SATARTIA</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11/30/20</u> Date drilling completed: <u>5/26/21</u> Hole depth: <u>680'</u> Hole diameter: <u>12"</u>
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 <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>MS GEOLOGICAL SURVEY</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>23</u> feet [above or below] land surface Date measured: <u>8/31/21</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>650'</u> Well grouted to a depth of: <u>580</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>580</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>STEEL</u>
Screen length: <u>60</u> feet Screen diameter: <u>3</u> inches Type of screen: <u>SS</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>590</u> feet to <u>650</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>505</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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County: YAZOO
Permit #: MS-GW-17368

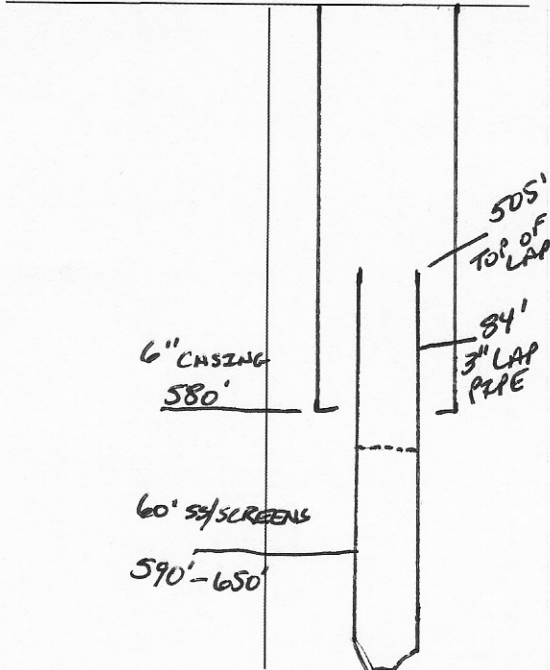
For Office Use Only:
Well #: Q88

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

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	60
SAND/GRAVEL	60	110
SOFT CLAY	110	420
SANDY CLAY	420	480
CLAY	480	500
FINE SAND	500	600
SAND	600	680

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

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.

LUTHER DALE RATLIFF 061
Print Name of Responsible Licensee and License No.

10/26/21
Date

[Signature]
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)

County: YN200
Permit #: MS-GW-17368
Driller: Ratliff Water Well Service
Date completed: _____
Copy information from block on Part 1

For Office Use Only:
Well #: Q88
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>VILLAGE OF SATARTIA</u>	Latitude: <u>32° 40' 14.79"</u> Longitude: <u>90° 32' 36.24"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>SATARTIA</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 8/24/21 Rated Pump Capacity: 150 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: 15 Setting Depth: 147 feet Number of Stages: 7

Pump Test Data for Non Flowing Well
Date Well Tested: 8/31/21 Duration of Pump Test (minimum 4 hours): 4 4 hours
Static Water Level (A): 23 Feet Below Land Surface Pumping Water Level (B): 53.5 Feet Below Land Surface
Drawdown [(B) - (A)]: 30.5 Feet Below Land Surface Test Pumping Rate: 227 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: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: WATER SPECIALTIES Meter Serial Number: 20211193
Meter Model Number/Name: MLO4-04 Type of Meter: PROPULSION
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): GAL X 100
Installation Date: 8/24/21 Meter installed by: 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.
LUTHER DALE RATLIFF 061 10/26/21 Luther Dale Ratliff
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Untitled Map

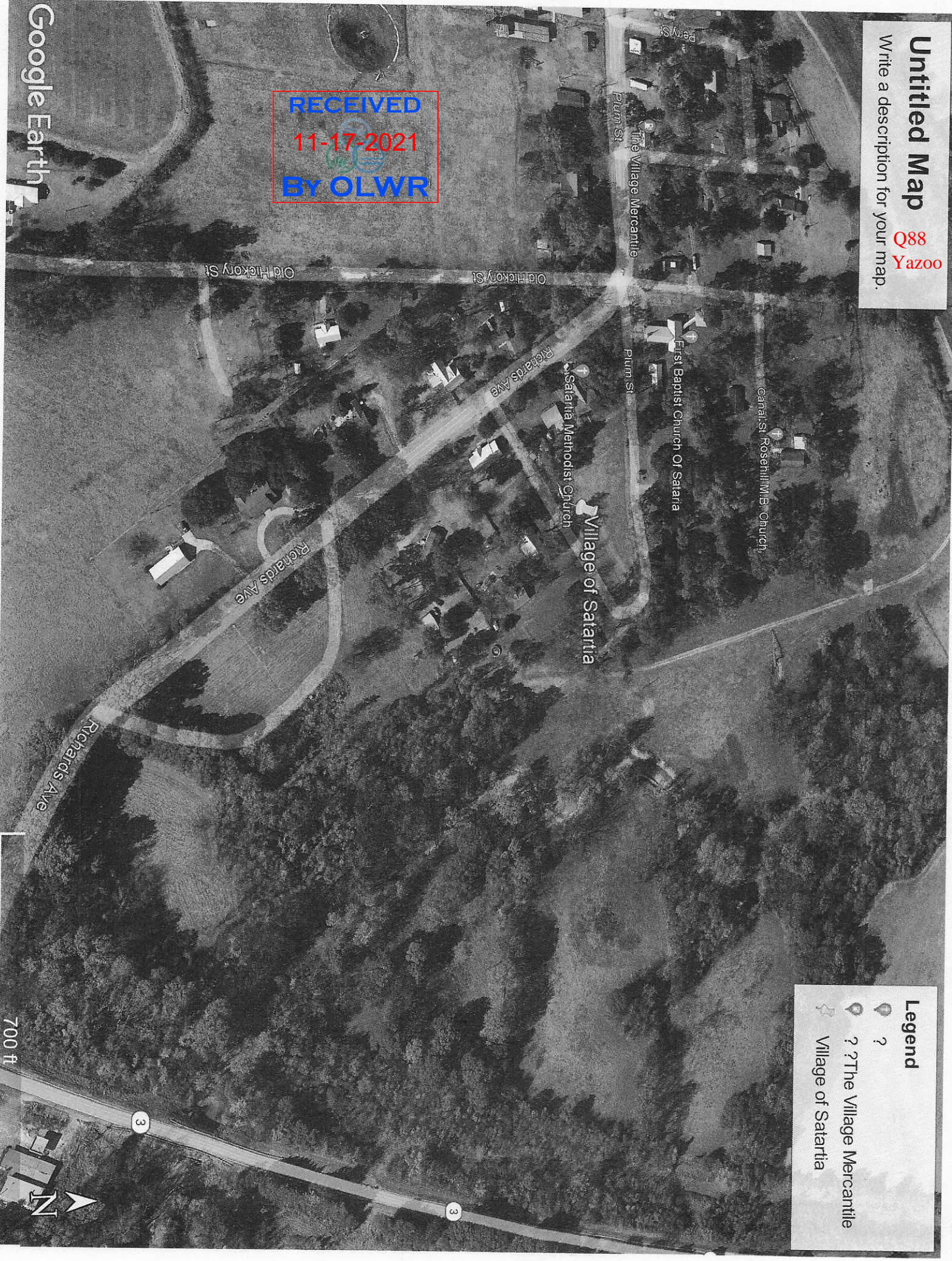
Write a description for your map.

Q88
Yazoo

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Legend

- ?
- ? The Village Mercantile
- ? The Village of Satartia



Google Earth

700 ft

