

# 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 #: V68  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: LA 200  
Permit #: \_\_\_\_\_  
Driller: RATLIFF Water Well Serv.  
Date drilling completed: 1-15-15

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Robert Stevens</u>		Latitude: <u>32° 38' 03.1"</u> Longitude: <u>090° 28' 45.5"</u>	
Mailing Address: <u>5170 Hwy 433 W</u>		Method of Lat/Long (check one): Conventional Survey _____, <input checked="" type="checkbox"/>	
<u>Bentonia</u> <u>Ms.</u> <u>39040</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City	State	Zip Code	<u>SE 1/4 SW 1/4, Sec 10 T. 9N R. 3W</u>
Telephone No. <u>(662) 755-8675</u>		<u>10</u> Miles <u>West</u> of <u>Bentonia Ms.</u>	
		(Distance)	(Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-13-15 Date drilling completed: 1-14-15 Hole depth: 120 Hole diameter: 7 1/4

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

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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: 50 feet [above or  below] land surface Date measured: 1-15-15  
(circle one)

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

Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 90 feet to 120 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  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*



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box ~~4821~~ **2309**  
 Jackson, MS ~~39209~~ **39225-2309**  
 (601)961-5210  
 (601)354-6938 (fax)

County: YAZOO  
 Permit #: \_\_\_\_\_  
 Driller: RATLIFF WATERWELL SERV  
 Date completed: 1-15-15

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>ROBERT STEVENS</u>	Latitude: <u>32°N 38' 03.1"</u> Longitude: <u>090°W 28' 45.5"</u>
Mailing Address: <u>5170 HWY 433 W</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BENTONIA MS 39040</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>9N</u> Rng <u>3W</u>
Telephone No. <u>(662) 755-8675</u>	Distance Direction Nearest Town <u>10</u> Miles <u>WEST</u> of <u>BENTONIA, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>APRIL 30-2015</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>X</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>50</u> Feet <u>(Below)</u> Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>X</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

ERNEST M. CRESSWELL - WNR-0000150 Ernest M. Cresswell  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer