

# State Well Report

## Part 1

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-112  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: 1/ESOTO  
Permit #: \_\_\_\_\_  
Driller: JOHN LAX - Wilson Well Co.  
Date drilling completed: 11/6/05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BUSSELL BONSAI NOLSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8365 CENTEN HWY ROAD</u> <u>OLIVE BRANCH</u> <u>MISSISSIPPI 38654</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec <u>20</u> Twn <u>15</u> Rng <u>5W</u>
Telephone No. ( <u>901</u> ) <u>521-2187</u>	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>NORTH</u> of <u>305</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 11-5-05 Date well drilling completed: 11-6-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 11-5-05

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

Hole depth: 195 Well depth: 195 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC PLASTIC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC PLASTIC

Screen slot size: .010 inches Setting depth: From 185 feet to 195 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: NA feet. If telescoped or more than one screen, describe on back of page

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

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

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Rodney D. Wilson  
Wilson Well Co. Inc. LIC# 5650-418

Print Name of Water Well Contractor and License No. Roy D. Bell  
Signature of Water Well Contractor

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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: Benton  
 Permit #: \_\_\_\_\_  
 Driller: Wilson Well  
 Date completed: 11/6/05  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 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>BRUSSELS BONSAI NURSERY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8365 CENTER HIGH ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>OLIVE BRANCH</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MISSISSIPPI</u> <u>38684</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> T <u>15</u> R <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>521-2187</u>	<u>2</u> Miles <u>North</u> of <u>305</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>11-7-05</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-7-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>PVC PIPE</u>
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Rocky O. Wilson  
 Wilson Well Co. Inc. MS 0000-418 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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Replaced motor only

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: Desoto
Permit #:
Driller:
Date completed: 6/19/08

For Office Use Only:
Aquifer:
Well #: D-112
Elevation:

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information: Owner Name: Brussel's Bonsai Nursery, Mailing Address: 8365 Center Hill Rd., Olive Branch ms 38654, Telephone No.
Well Location: Latitude: 34.982950, Longitude: -89.742077, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, 1/4 Sec 20, Twn 15, Rng SW

Pump Type: Submersible
Power Type: Electric Motor
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed:
Rated Pump Capacity: 75 Gallons Per Minute
Diesel Engine, Gasoline Engine, Natural Gas, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 10 hp.
Setting Depth: 180 feet
Number of Stages:

Pump Test Data: Date Well Tested: 6/19/08, Static Water Level (A): 80 Feet Below Land Surface, Pumping Water Level (B): 180 Feet Below Land Surface, Drawdown [(B) - (A)]: Feet Below Land Surface, Test Pumping Rate: 75 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 4 hours
Method of Measuring Water Level: Circle one, Air Line, Electric Measuring Line, Steel Tape, Other (specify): Pipe, For flowing well, measured shut in head: feet, Well yielded GPM with a drawdown of feet after hours of pumping

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

Rodney Wilson 0-418
Print Name of Pump Installer and License No. (if applicable)

Rodney Wilson
Signature of Pump Installer