

389

# 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 #: H 263  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Desoto  
Permit #: \_\_\_\_\_  
Driller: Jones W. Mason  
Date drilling completed: 5-5-20

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Dream Home Construction</u>	Latitude: <u>34°56'12.00"N</u> Longitude: <u>89°46'39.71"W</u>
Mailing Address: <u>5205 Polk Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Olive Branch MS 38654</u>	<u>SE 1/4 SE 1/4, Sec 1 T 2S R 6W</u>
City State Zip Code	<u>1 1/8</u> Miles <u>nw</u> of <u>Miller</u>
Telephone No. <u>(901) 335-3756</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-5-20 Date drilling completed: 5-5-20 Hole depth: 190 Hole diameter: 7"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 50 ppm and greater

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

Name of organization running log(s): N/A

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): N/A

If a flowing well, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 120 feet [above or  below] land surface Date measured: 5-5-20  
(circle one)

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): String weight

Well depth: 190 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: 010 inches Setting depth: From 170 feet to 190 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): N/A

Top of lap pipe or reduction in casing: N/A feet

*If telescoped or more than one screen, describe on next page*

RECEIVED  
JUN 01 2020  
BY OLWR

County: \_\_\_\_\_

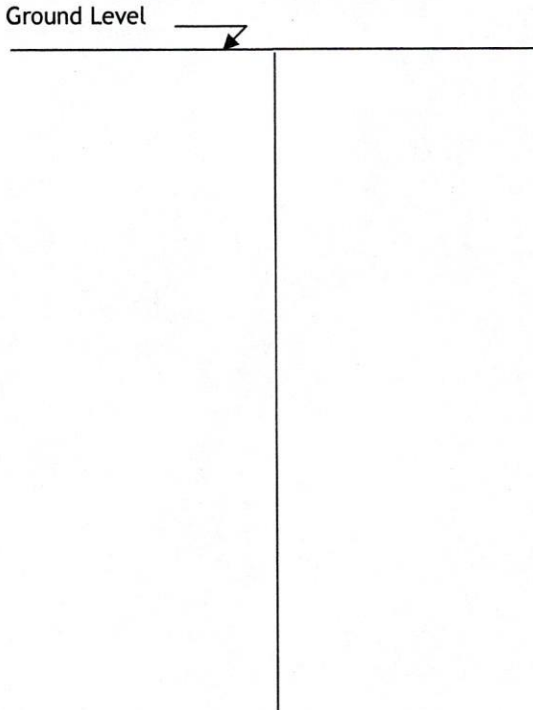
Permit #: \_\_\_\_\_

**For Office Use Only:**

Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



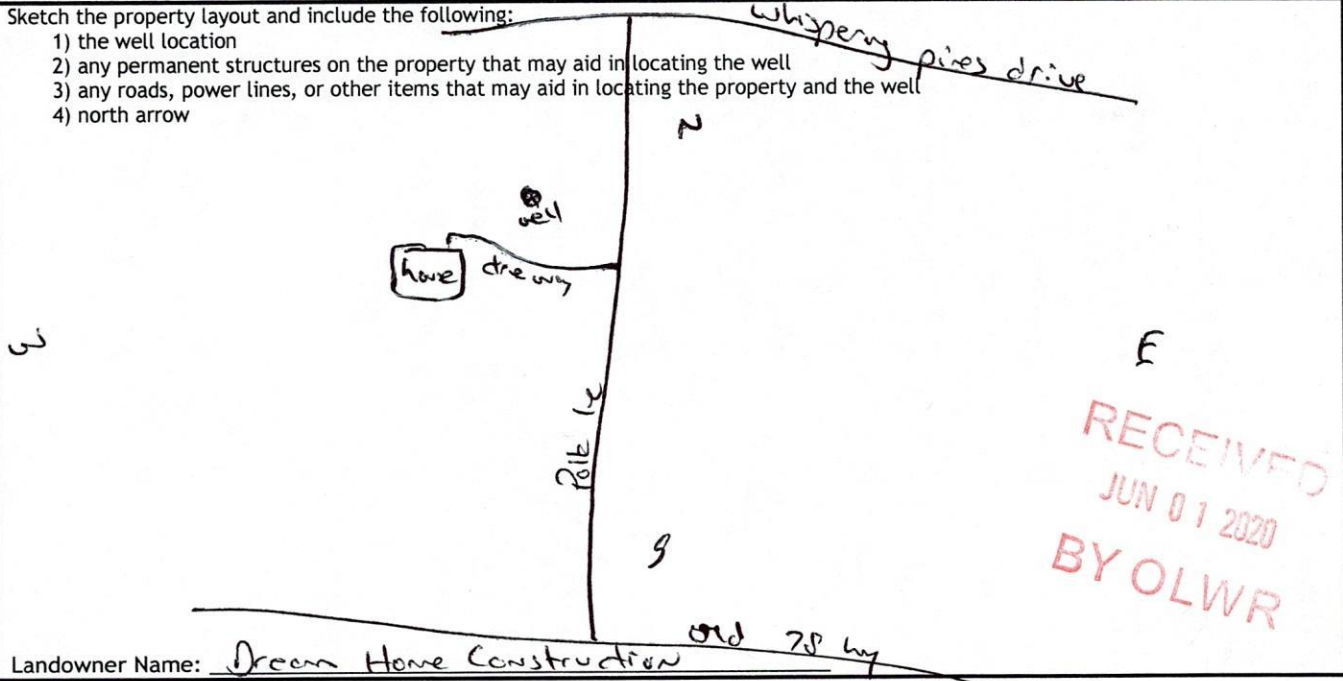
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
clay dirt.	Ground level	30
gravel	30	65
Blue clay	65	130
white sand	130	190

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



Landowner Name: Dreem Home Construction

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.

Jones W. Mason 0-620

5-27-20

Jones W. Mason

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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: James W. Mason  
 Date completed: 5-5-20  
Copy information from block on Part 1

**For Office Use Only:**

Well #: H 263  
 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>Dream Home Construction</u>	Latitude: <u>34°56'12.00"N</u> Longitude: <u>89°46'39.71"W</u>
Mailing Address: <u>5205 Polk Ave</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Olive Branch</u> <u>MS</u> <u>38654</u>	<u>SE 1/4 SE 1/4, Sec 1 T 2s R 6W</u>
City State Zip Code	<u>1.18</u> Miles <u>NW</u> of <u>Miller</u>
Telephone No. ( <u>901</u> ) <u>335-3756</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 5-5-20 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 180 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-5-20 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String level

**Pump Test Data for Flowing Well**

Measured shut in head: N/A feet.

Well yielded 10 GPM with a drawdown of N/A feet after 24 hours of pumping

**Meter Installation**

Meter Manufacturer: N/A Meter Serial Number: N/A

Meter Model Number/Name: N/A Type of Meter: N/A

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A

Installation Date: N/A Meter installed by: N/A

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.

James W. Mason 0-620 5-27-20 James W. Mason  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 JUN 01 2020  
 BY OLWR