

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)

County: DESOUD
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 10-13-17

For Office Use Only:

Well #: K326
 Aquifer: _____
 E-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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>DREAM Homes</u>	Latitude: <u>34°58'43.59" N</u> Longitude: <u>90°02'54.81" W</u>
Mailing Address: <u>973 TULANE N</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hennando MS 38632</u>	<u>NW 1/4 NE 1/4, Sec 9 T 3S R 8W</u>
City _____ State _____ Zip Code _____	Miles _____ of _____
Telephone No. <u>901 603-3919</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Well / Borehole Data

Date drilling started: 10-13-17 Date drilling completed: 10-13-17 Hole depth: 175 Hole diameter: 8

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: 5 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) _____

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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: 60 feet (above or below land surface) (circle one) Date measured: 10-13-17

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

Well depth: 175 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 T(10US) inches Setting depth: From 155 feet to 175 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 2309
 Jackson, MS 39275-2309
 (601) 961-5210
 (601) 368-0535 (fax)

County: DESOUD
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 10-13-17
Copy information from block on Part 1

For Office Use Only:

Well #: K326
 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 HOMES</u>	Latitude: <u>34° 50' 43.57</u> Longitude: <u>90° 02' 54.87</u>
Mailing Address: <u>973 TULANE RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HEWLAND MS 38637</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NW ¼ NE ¼, Sec 9 T 3S R 8W</u>
Telephone No. <u>901 603-3919</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-13-17 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 Sealing Depth: 80 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 10-13-17 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 12 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 12 GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: RECEIVED

Meter Model Number/Name: _____ Type of Meter: NOV 11 2017

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

Installation Date: _____ Meter installed by: BY: OLWR

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.

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

BOB SMITH 0645 11-7-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

