

STATE WELL REPORT

County: Desoto
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 12-10-17

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 #: K 328
 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>BUILDERS CONST.</u>	Latitude: <u>39°44'48.26</u> Longitude: <u>90°1'19.80</u>
Mailing Address: <u>7740 Rossford Cir.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Hammond MS 38652</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 SW 1/4, Sec 11 T 45 R 8W</u>
Telephone No. <u>(662) 429-4603</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12-10-17 Date drilling completed: 12-10-17 Hole depth: 160 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 **RECEIVED**

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: JAN 04 2018

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump **BY OLWR**

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: 70 feet (above or below) land surface Date measured: 12-10-17
(circle one)

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

Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 T(0.05) inches Setting depth: From 150 feet to 160 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

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 12-10-17
Copy information from block on back of

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2389
 Jackson, MS 39275-2389
 (601) 961-5219
 (601) 350-0555 (fax)

For Office Use Only:

Well #: K328
 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 same address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>BULLIANS CONST.</u>	Latitude: <u>34°44'48.26</u> Longitude: <u>90°1'19.80</u>
Mailing Address: <u>7740 ROBINSON GN.</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Harvard MS 38632</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW ¼ SW ¼ Sec 11 T 45 R 8W</u>
Telephone No. <u>(662) 429-4603</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: 12-10-17 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Wind Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 3/4 Setting Depth: 100 feet Number of Stages: 8

Pump Test Data for Non-Flowing Well

Date Well Tested: 12-10-17 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured static head: _____ feet

Well yielded _____ 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: _____

Totalizer Register Unit and Multiplier Factor (1F x .001, gal x 1000, etc.): _____ IAN 0 4 2018

Installation Date: _____ Meter installed by: BY OLVER

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was tested to manufacturer standards. For agricultural wells, a list of approved meters is on the MPEID website.

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

BOB SMITH 0645 12-30-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

NOV 19 1954

U.S. DEPARTMENT OF AGRICULTURE

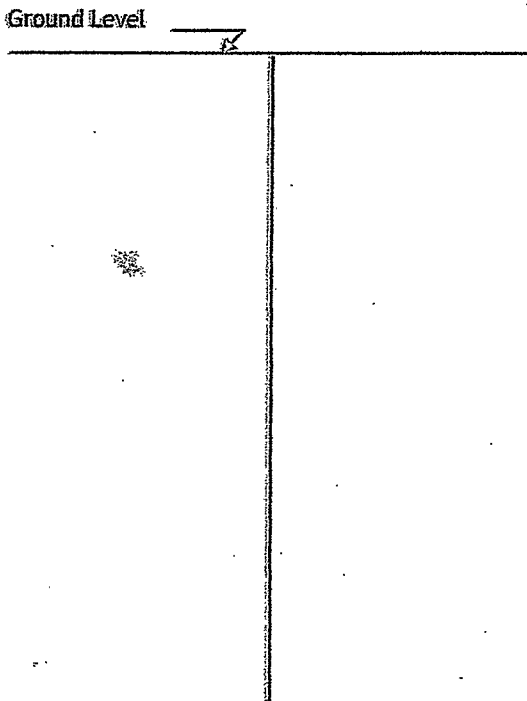
WASHINGTON, D.C.

County: DESOUD
 Permit #: _____

For Office Use Only:
 Well #: K328

The sketch below only required for water wells

If well telescopes, show depths on sketch



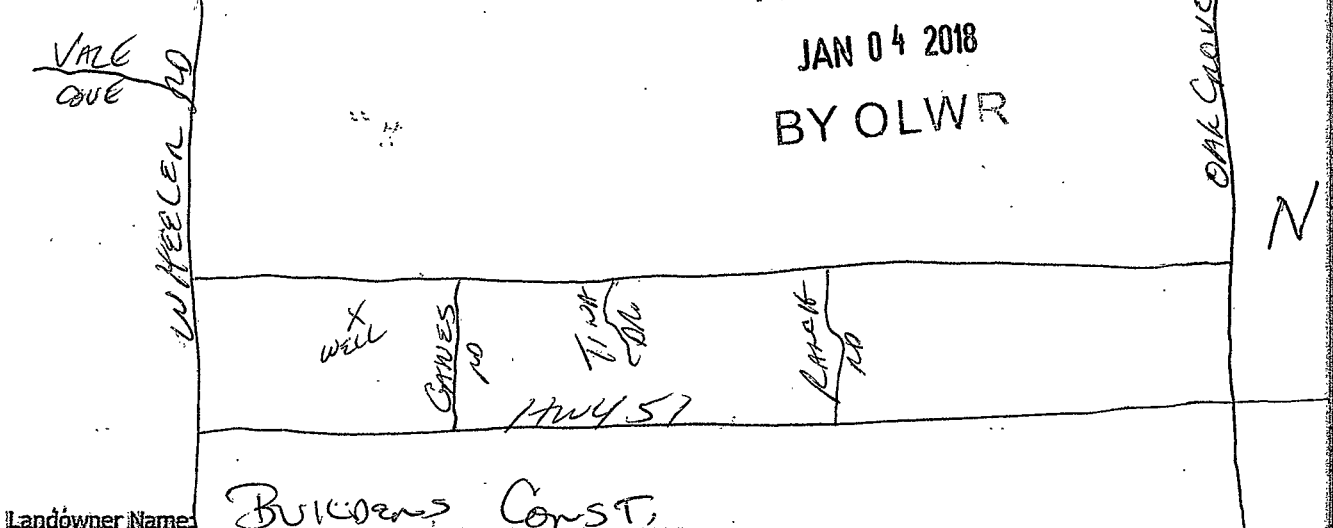
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	10
Brown CLAY	10	30
RED SAND + GRAVEL	30	40
WHITE CLAY	40	100
GRAY CLAY	100	115
WHITE CLAY + SAND	115	130
WHITE SAND	130	16

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: Bulkens Const.

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.

BOB SMITH 0645 12-30-17
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee