

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: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 11-28-17

For Office Use Only:
 Well #: M407
 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°47'4.54</u> Longitude: <u>89°48'8.50</u>
Mailing Address: <u>Lot 5</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Dixie Creek Sub</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Howland MS 38632</u>	<u>NW 1/4 NE 1/4 Sec 35 T 3S R 6W</u>
City _____ State _____ Zip Code _____	Miles _____ of _____
Telephone No.: <u>901 603-3919</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

Well / Borehole Data

Date drilling started: 11-28-17 Date drilling completed: 11-28-17 Hole depth: 146 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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Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture DEC 18 2017

Other (describe): _____ **BY OLWR**

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet (above or below) land surface Date measured: 11-28-17
(circle one)

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

Well depth: 146 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 136 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)US inches Setting depth: From 136 feet to 146 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: 11-28-17
(Copy information from block on Part 1)

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)951-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: M407
 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°41'4.54</u> Longitude: <u>89°48'8.50</u>
Mailing Address: <u>Lot 5</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>DIXIE CREEK SUB</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>He NAMA MS 38632</u>	<u>NW ¼ NE ¼, Sec 35 T 3S R 6W</u>
City _____ State _____ Zip Code _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>901 003 3919</u>	

Pump Type (circle one)

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

Date Pump Installed: 11-28-17 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 Setting Depth: 100 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 11-28-17 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: 12 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Airline 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: _____

Meter Model Number/Name: _____ Type of Meter: _____

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

Installation Date: _____ Meter installed by: _____

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.

Bob Smith 01645 12-15-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

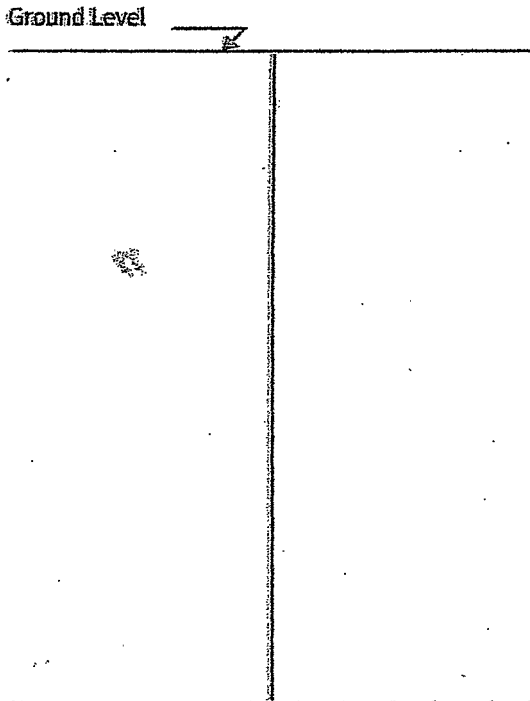
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 BY OLW

County: DECATUR
 Permit #: _____

For Office Use Only:
 Well #: M407

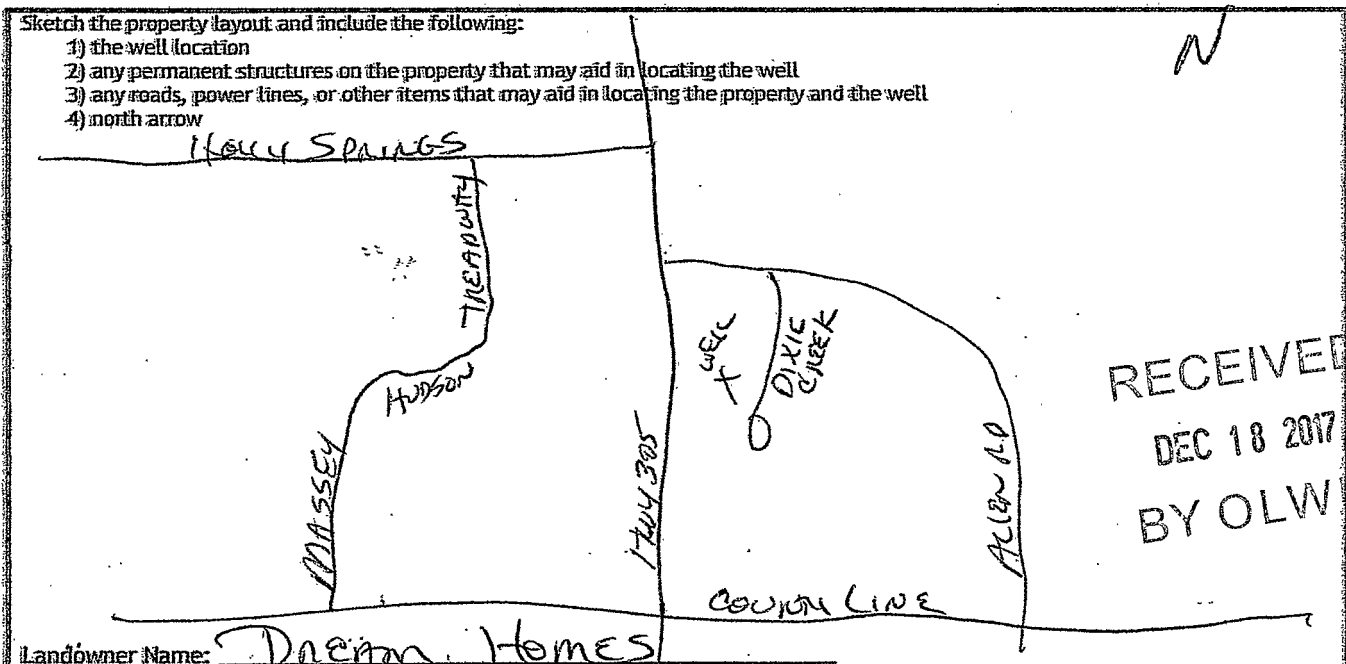
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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	5
Brown Clay	5	12
GRAVEL	12	17
WHITE CLAY	17	80
WHITE CLAY + SAND	80	110
WHITE SAND	110	146

If more than one screen, show location of each on sketch



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 BY OLWR

Landowner Name: Dream Homes

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 12-15-17 _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee