

STATE WELL REPORT

County: DeSoto
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 5-6-19

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 #: M 467
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>DREAM HOMES</u>	Latitude: <u>34°46'24.51</u> Longitude: <u>89°50'3.73</u>
Mailing Address: <u>8655 SHELDON</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>TRAIL</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>HEMMAO MS 38633</u>	<u>SW</u> ¼ <u>SE</u> ¼, Sec. <u>33</u> T. <u>35</u> R. <u>6W</u>
City State Zip Code	Miles _____ of _____
Telephone No. <u>(901) 335-3756</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-6-19 Date drilling completed: 5-6-19 Hole depth: 155 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) _____

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: 5-6-19
 (circle one)

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

Well depth: 155 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1378005 inches Setting depth: From 145 feet to 155 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

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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°(24.5)</u> Longitude: <u>89°50'3.73</u>
Mailing Address: <u>8655 SHECTOWEE TRAIL</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HEMMADO MS 38633</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>33</u> T <u>3S</u> R <u>6W</u>
Telephone No. <u>(901) 335-3756</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

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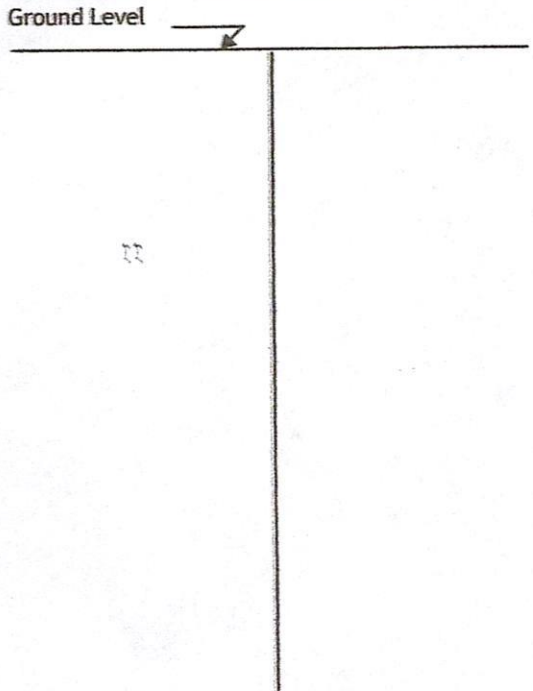
If telescoped or more than one screen, describe on next page

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

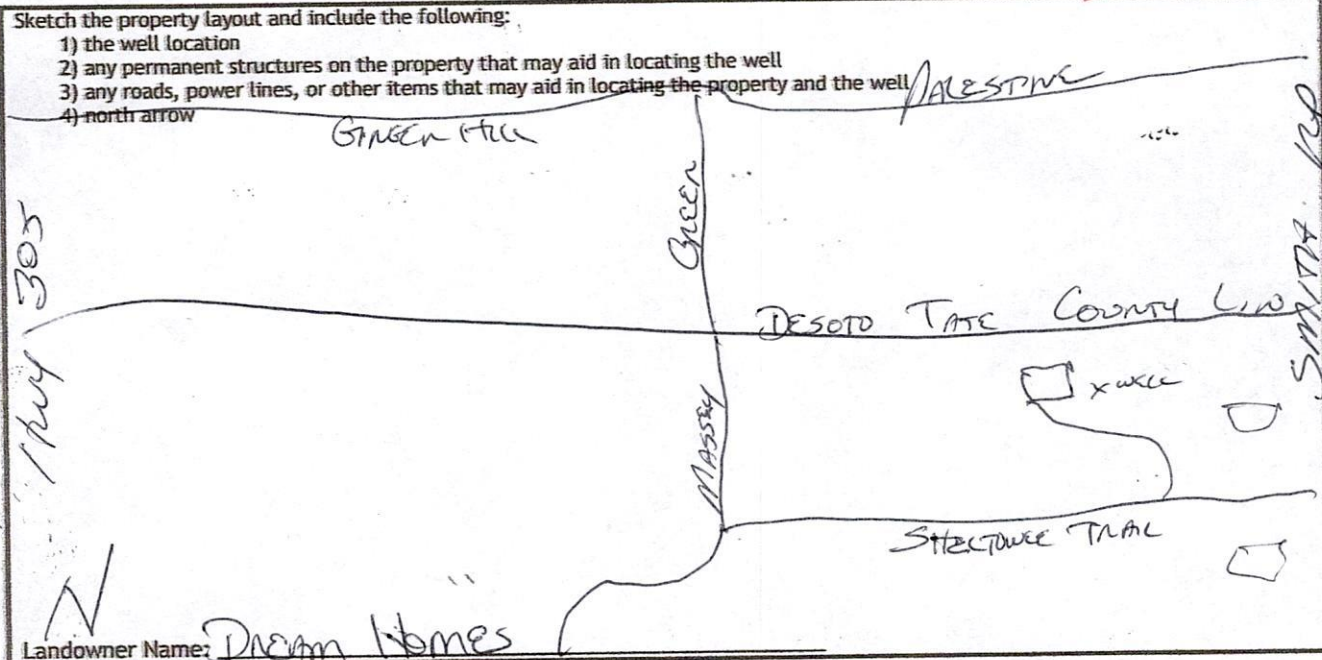


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

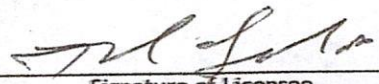
Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	28
RED SAND + CLAY	28	40
WHITE CLAY	40	90
WHITE SAND + CLAY	90	130
WHITE SAND	130	155

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



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 0-645 6-2-19 
 Print Name of Responsible Licensee and License No. Date Signature of Licensee