

# STATE WELL REPORT

393

County: MASSACHUSETTS  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 1-7-20

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39275-7309  
 (601)964-5248  
 (601)368-4535 (fax)

**For Office Use Only:**

Well #: H 406  
 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°49'1.41</u> Longitude: <u>89°40'24.44</u>
Mailing Address: <u>LOT 179</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>MOORE LOOP</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>BYHALIA MS 38611</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>13</u> T <u>35</u> R <u>SW</u>
City _____ State _____ Zip Code _____	Miles _____ of _____
Telephone No. <u>(901) 335-3756</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-7-20 Date drilling completed: 1-7-20 Hole depth: 190 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: 65 feet above or  below land surface Date measured: 1-7-20  
(circle one)

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Mortar  Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 12 MESH inches Setting depth: From 180 feet to 190 feet

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

Other (describe): \_\_\_\_\_

Top of log pipe or reduction in casing: \_\_\_\_\_ feet

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

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# 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)

**For Office Use Only:**

Well #: A 406

Aquifer: \_\_\_\_\_

County: MASSACHUSETTS  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 1-7-20  
*Copy information from block on Part 1*

*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°49'1.41</u> Longitude: <u>89°40'24.44</u>
Mailing Address: <u>LOT 199</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MOORE LOOP</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>BYHAMIA MS 38611</u>	<u>SE ¼ SE ¼, Sec 13 T 35 R 5W</u>
City _____ State _____ Zip Code _____	Miles _____ of _____
Telephone No. <u>(901) 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: 1-7-20 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: 100 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-7-20 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (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): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ 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 0645 1-23-20 [Signature]

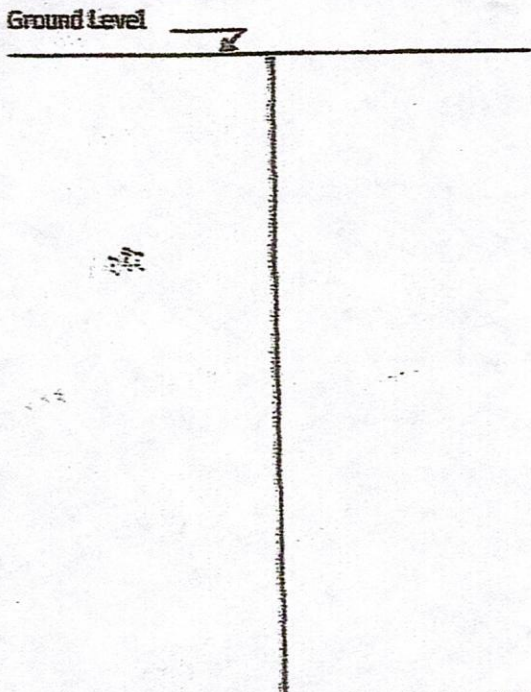
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: MASSACHUSETTS  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

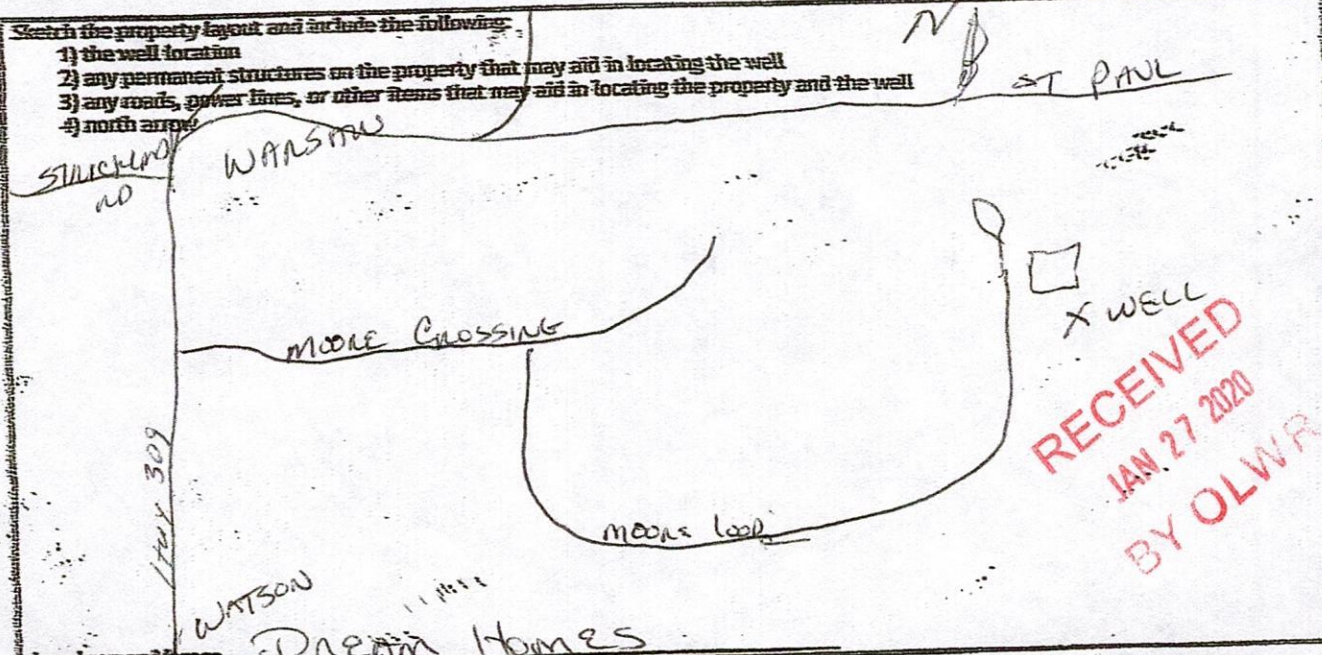
If well telescopes, show depths on sketch



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)
	Ground level	
TOP SOIL	0	5
RED CLAY	5	15
WHITE CLAY	15	90
WHITE CLAY SAND	90	150
WHITE SAND	150	190

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



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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.

Landowner Name: DREAM HOMES  
BOB SMITH 0-645      1-23-20      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee