

# State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225

For Office Use Only

Aquifer: \_\_\_\_\_  
Well #: B 213  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

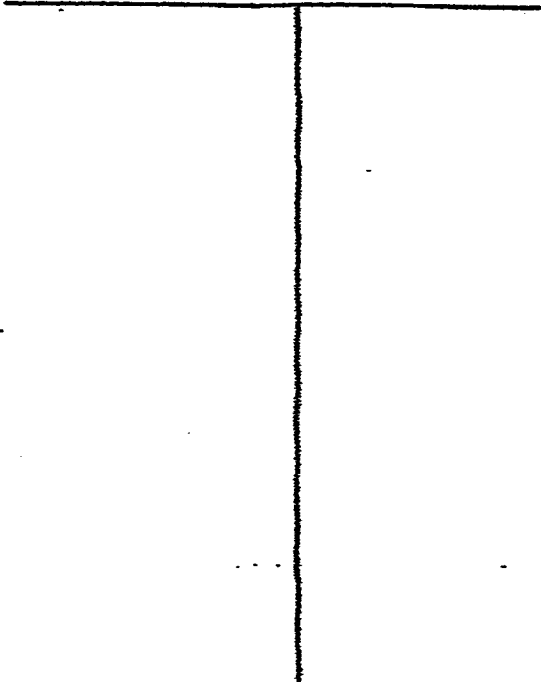
County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: Bob Smrat  
Date drilling complet: 9-11-12

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>DREAM HOME CONST.</u>	Latitude: <u>34° 41' 13"</u> Longitude: <u>90° 02' 59"</u>
Mailing Address: <u>6699 Hwy 178</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>OLIVE BRANCH, MS 38654</u>	<u>SE 1/4 SW 1/4 Sec 33 Twn 14 S Rng 18 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 890-0647</u>	<u>4</u> Miles <u>W</u> of <u>COLDWATER</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>9-11-12</u> Date well drilling completed: <u>9-11-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>92</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>9-12-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>160</u> Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 THOUS.</u> inches Setting depth: From <u>150</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
<u>Bob Smrat</u> <u>0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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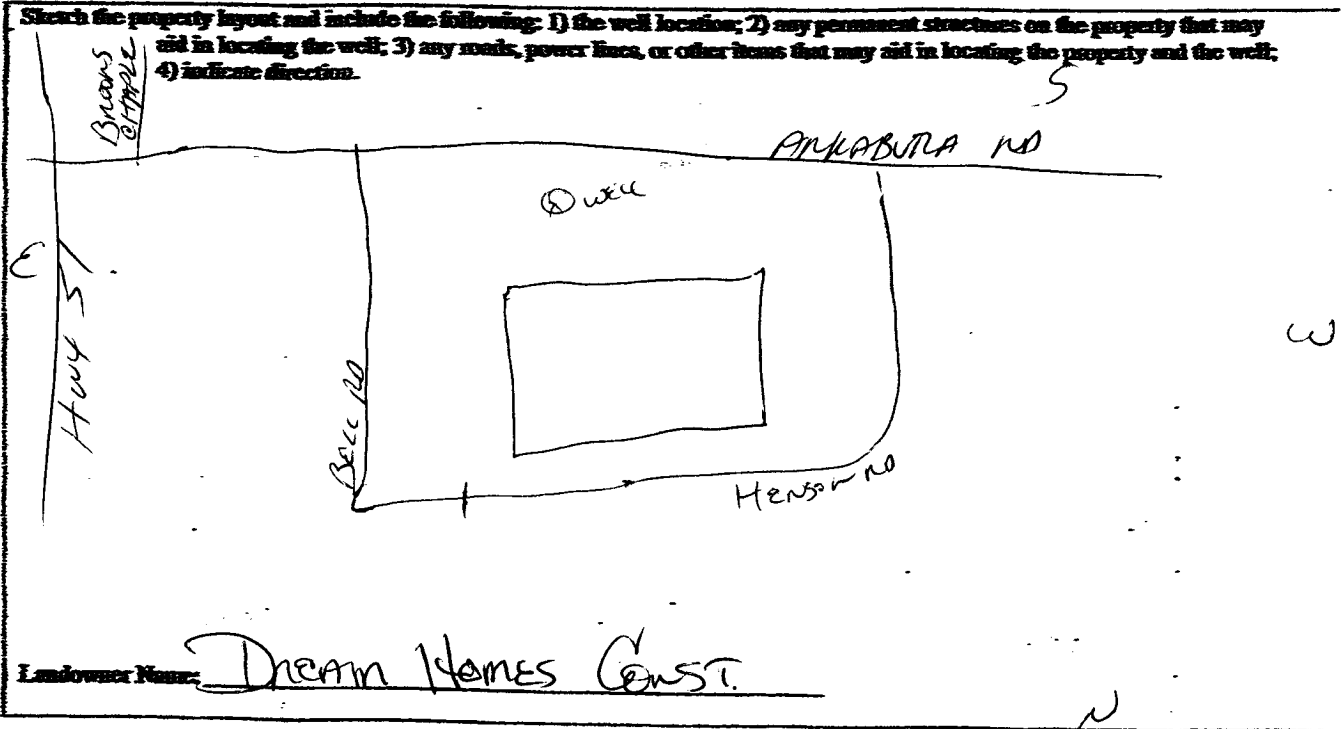
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	20
REDDISH SAND	20	48
GRAVEL	48	60
WHITE CLAY	60	113
WHITE SAND + CLAY	113	140
WHITE SAND	140	160

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) indicate direction.



Landowner Name: DREAM HOMES CONST.

*[Handwritten Signature]*  
Signature of Water Well Contractor

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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

For Office Use Only

Aquifer: \_\_\_\_\_  
 Well #: B213  
 Elevation: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Installer: Bob Smith  
 Date completed: 9-12-12

This report be prepared by the pump installer in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Dream Home Cars</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6699 Hwy 178</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clive Brantley, MS 38654</u>	<u>USGS quad, Hand-held GPS, survey grade GPS</u>
City State Zip Code	<u>1/4 1/4 Sec B33 T45 R8W</u>
Telephone No: <u>(662) 890-0647</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4 miles W of GOLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-12-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>9-12-12</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level(A): <u>92</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	
Drawdown(B)-(A): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>25</u> gallons per Minute	Well yielded <u>25</u> GPM with a drawdown of _____
Duration of Pump Test(minimum 4 hours): _____ hrs	_____ feet after _____ hours of pumping

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

Bob Smith 0645      [Signature]  
 Print Name of Pump Installer and License No.      Signature of Pump Installer

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