527

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: DESOTO
Permit #: Smith Well
Driller: ~~BOB SMITH~~ Drilling and Service
Date drilling completed: 5-28-04

For Office Use Only:
Aquifer:
Well #: C-29
L. S. Elevation:
E-log #:

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

Owner Name: DESOTO COUNTY SCHOOLS
Mailing Address: PLEASANT HILL RD.
OLIVE BRANCH, MS
City State Zip Code
Telephone No. (____)

Well Location

Latitude: __°__'__" Longitude: __°__'__"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
__ ¼ __ ¼ Sec D-25 Twn T1-S Rng R7-W
Distance 5 Miles Direction NW of Nearest Town OLIVE BRANCH

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:

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Date well drilling started: 5-28-04 Date well drilling completed: 5-29-04
If flowing, method of flow regulation: Valve ____ Other (describe)
Static Water Level: 191 feet above or (below) (circle one) land surface Date measured: 5-29-04
Method of Measurement (circle one) steel tape (electric tape) air line other:
Hole depth: 323 Well depth: 323 Well grouted to a depth of 32 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 313 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 14 TOUS inches Setting depth: From 313 feet to 323 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): WASHED SAND
Top of lap pipe or reduction in casing: ____ feet. **If telescoped or more than one screen, describe on back of page**
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

ROBERT C SMITH 0-645
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

STATE WELL REPORT
Part 2

County: DESOTO
Permit #:
Driller: BOB SMITH
Date completed: 7-30-04

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer:
Well #: C-29
Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: DESOTO County Schools
Mailing Address: PLEASANT HILL RD.
OLIVE BRANCH, MS.
City State Zip Code
Telephone No. (____)

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec D-25 Twn T1-S Rng R7-W
Distance Direction Nearest Town
5 Miles NW of OLIVE BRANCH

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 7-30-04
Rated Pump Capacity: 60 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 7½
Setting Depth: 230 feet
Number of Stages: 16

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Pump Test Data

Date Well Tested: 7-30-04
Static Water Level (A): 191 Feet Below Land Surface
Pumping Water Level (B): 215 Feet Below Land Surface
Drawdown [(B) - (A)]: 24 Feet Below Land Surface
Test Pumping Rate: 93 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 6 hours

Method of Measuring Water Level
Circle one

Air Line, (Electric Measuring Line), Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded 93 GPM with a drawdown of 24 feet after 6 hours of pumping

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

ROBERT C SMITH 0-645
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

If well telescopes please sketch below and show depths.

Ground Level

C-29

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	50
GRAVEL	50	70
WHITE CLAY & SAND	70	170
GREY CLAY	170	305
WHITE SAND	305	323

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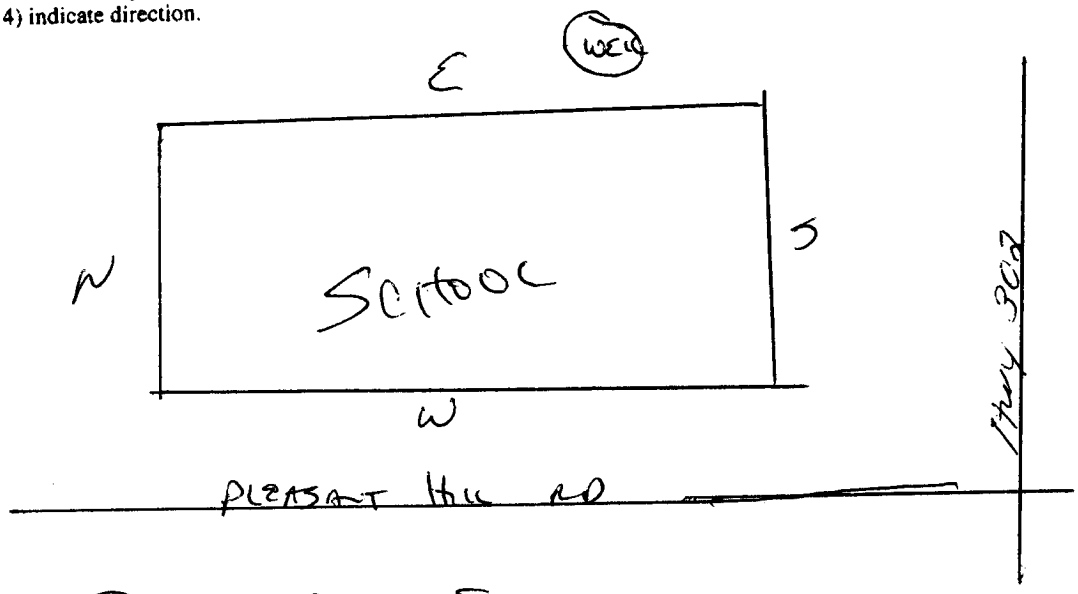
If more than one screen, show location of each on sketch

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: DESOTO COUNTY SCHOOLS

Signature of Water Well Contractor