

# State Well Report

## Part I - Driller's Log

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 #: MS-GW-16514  
Driller: Donald Smith Co  
Date drilling completed: \_\_\_\_\_

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C-33  
L. S. Elevation: \_\_\_\_\_  
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>City of Southaven</u>	Latitude: <u>34° 65' 4N</u> Longitude: <u>89° 56' 01W</u>
Mailing Address: <u>8710 NW Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Southaven, MS 38671</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>15</u> Rng <u>7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town Miles of _____ <u>Snowden Grove Park</u>
Well / Borehole Data	
Date drilling started: <u>4/16/08</u> Date drilling completed: <u>8/01/08</u> Hole depth: <u>470'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>Public Water Supply</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>potable water used</u>	
Logs run (circle all applicable): No log run <u>(Electric)</u> Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>MS Office of Geo</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>185</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>8/11/08</u>	
Method of Measurement (circle one) steel tape <u>(electric tape)</u> air line other: _____	
Well depth: <u>400</u> Well grouted to a depth of _____ feet Type of grout (circle one): <u>(Neat Cement)</u> Bentonite Mix	
Casing length: <u>315</u> feet Casing diameter: <u>20</u> inches Type of casing: <u>API 5L Coated</u>	
Screen length: <u>80</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>SS Wire Wrapped</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>320</u> feet to <u>400</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 in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-201 RECEIVED

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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

Description of Formations Encountered	From (depth)	To (depth)
W	Ground Level	
White Clay	0	10
Red Gumbo	10	26
Red Sand & Clay	26	55
Pea Gravel & Wash Gravel	55	65
Clay	65	132
Sand & Clay	132	192
Red Sand & Shell	192	267
Clay	267	277
Sand	277	415
Fine Sand	415	448
Sandy Clay	448	470

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) a north arrow.

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A

I 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.

Donald Smith   0-767   10-10-08   Ronald Smith  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Donald Smith Co.  
 Date completed: 01/14/09  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-55  
 Elevation: \_\_\_\_\_

*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>City of Southaven</u>	Latitude: <u>345654N</u> Longitude: <u>895607W</u>
Mailing Address: <u>8710 NW Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Southaven MS 38617</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34 T 15 R 7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	_____ Miles <u>Snowden Grove Park</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>10/15/08</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/30/08</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>187</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>236</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>49</u> Feet Below Land Surface	Well yielded <u>1158</u> GPM with a drawdown of
Test Pumping Rate: <u>1158</u> Gallons Per Minute	<u>49</u> feet after <u>25</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

Donald E Smith 0-767 Donald E Smith  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLR-SWR-1B

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