STATE WELL REPORT

Part1 - Driller's Log

County: Desoto
Permit # MS-GW-16615
Driller: Layne Central

Date drilling completed: 10/31/08

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS. 39225
(601)961-5210
(601) 354-6938 (fax)

For Office Use Only:				
Aquifer: Well #:	D-144			
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	Well or Borehole Location				
(Landowner if borehole is not for a water well)	1 04				
Owner Name City of Olive Branch	Latitude: N34° 58 084 Longitude: W89° 46 823				
Mailing Address: 9200 Pigeon Roost Road	Method of Lat/Long (circle one): Conventional Survey,				
	USGS quad, Hand-held GPS Survey-grade GPS				
OliveBranch MS 38654	SE 1/4 WE 1/4 Sec 25 Twn 5 Rng 64				
City State Zip Code	Distance Direction Nearest Town				
Telephone No. 662-892-9200	1/2 Miles South of Hwy 302				
	Borehole Data				
Date drilling started: 8/7/08 Date drilling completed:	10/31/08 Hole depth: 530' Hole diameter: 12-1/4				
Location of the source of any surface water used for drilling: Publi					
Method of dosing and volume of Chlorine used in drilling and develop	ment: Tremmie 6 Gal Clorox				
	Other Other				
Logs run (circle all applicable): No log run Electric Gamma Ra	Density Sonic Neutron Other:				
Name of organization running log(s): Layne Central					
¬ 0 1 1 (1 1) W (W (1 1 1 1 0)	1				
Purpose of borehole (check one): Water Well Geotechnical/Ge	cological investigation Ground Source Heat Pump G				
Seismic Survey Other (descri					
If drilling is not related to water well	construction, skip the remainder of this block				
Purpose of Well (check one): Home I Industrial Public Supply Irrigation Fish Culture Other:					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 129 feet above or below circle	one) land surface Date measured: 10/15/08				
Static water Level. 129 leet above of octow (chere	one) land surface Date measured.				
Method of Measurement (circle one) steel tape electric tape airline other:					
Well depth: 494 Well grouted to a depth of 395	feet Type of grout (circle one) Neat Cement Bentonite Mix				
Carlos Lorentes 205 Fort Carlos discourses 24	fact Type of coging: C+00]				
Casing length: 395 feet Casing diameter: 24	feet Type of casing: Steel				
Screen length: 90 feet Screen diameter:	16 inches Type of screen: WW SST				
Screen slot size: .028 inches Setting depth: From	400 feet to 490 feet				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development					
Other (describe):					
Top of lap pipe or reduction in casing: 339 feet. If telescoped or more than one screen, describe on next page					
Top or mp pipe or reduction in the many of the pipe of					

Form: OLWR-SWR-1A

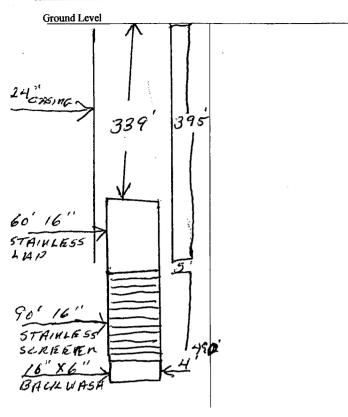
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NOV 1 3 2008

BY: OLWR

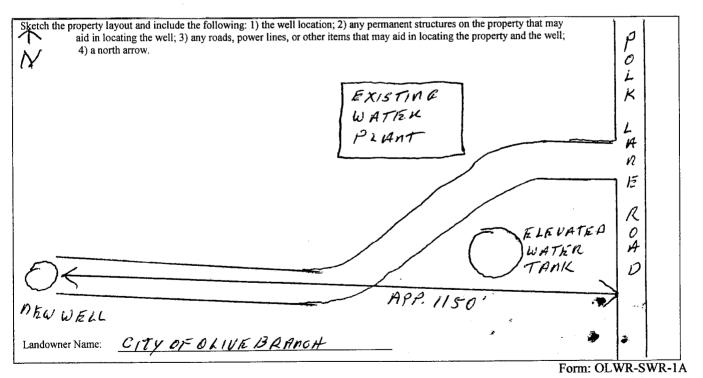
Description of formations encountered must be provided wells and boreholes, unless specifically exempted by regulations

If well telescopes show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground Level	18
Sand & Gravel	18	41
Red Clay & Gravel	41	48
White Clay	48	57
Gray Clay	57	64
Sandy Clay	64	105
Sand, Clay Streaks	105	125
Sand, Lignite Streaks	125	250
Sand, Clay Streaks	250	351
Sand Streaks, Clay, Lignite	351	388
Sand, Lignite Streaks	388	497
Sand, Shale, Lignite	497	508
Sand, Lignite	508	530

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



I certify that the well/borehole was drilled, constructed, and completed in accordance will all applicable requirements of the I certify that the well/porenoie was utilied, constructed, and the Mississippi Department of Health regulations, if applicable, and state RECEIVED laws.

P. Michael Holloway 0-787

Date

Signature of Licensee

11/12/2008 Michael 76/100 NOV 1 3 2008

Print Name of Responsible Licensee and License No.

		CTAME WITH	I REPORT	For Office Use Only:	
		STATE WELL REPORT Part 2			
	Pump Installer's Completion Report				
County: Desot		Mississippi Department of Environmental Quality		Aquifer: SPRF	
Permit #: MS-GW-		Office of Land and Water Resources		Well #:	
	Central 10/21/09	P.O. Box 10631		L.S. Elevation:	
Date drilling complete	ed: 10/31/08	Jackson, MS	39289-0631		
	than Boot I	(601) 961-5210			
Copy information fr	om niack on Purt 1	(601) 354-6	6938 (fax)		
			utuator or a licensed nump	installer. A copy of Part 1 of the days of well completion.	
This part of the rep	oort must be complete	ted by a licensed water well co s filed with the Department at	the above address within 30	days of well completion.	
Kepon must be un	Well Owner Info:	mation	Tailendar N34° 58 03	Well Location 4 Longitude: W89° 46 823	
Owner Name	City of Olive	Branch		· · · · · · · · · · · · · · · · · · ·	
Mailing Address:	9200 Pigeon	Roost Road	Method of Lat/Long (check one): Conventional Survey		
.,,	Walling Address:		USGS quad Hand-held GPS Survey-grade GPS		
	Olive Branch	MS 38654	¼ ¼ S	cc T R	
	City	State Zip Code	Distance	Direction Nearest Town	
Telephone No.	662-892-9200)	1/2 Miles	North of Hwy 302	
Telebhoue 140					
	Pump Type			Power Type Circle One	
	Circle One				
Air Lift	Jct	Submersible	Diesel Engine	G2007B	
Bucket	Piston	Turbine	Electric Motor	Hand Tractor PTO	
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):		Horse Power Rating of Mo	_		
Date Pump Installed: 6/29/09		Sctting Depth: 260 fcct			
Rated Pump Capa	city: <u>1500</u>	Gallons Per Minute	Number of Stages: 4		
	Pump Test	Data	Metho	d of Measuring Water Level	
	•	Dam	Airling (First	ric Measuring Line Steel Tape	
Date Well Tested:	7/7/09		Altimo		
Static Water Level (A) 130 Feet Below Land Surface		Other (specify):			
[Feet Below Land Surface	Tandamin - wall masses	red shut in head: N/A feet	
Drawdown [(B) - (A)]: 88 Feet Below Land Surface			GPM with a drawdown of		
Test Pumping Rate: 1522 Gallons Per Minute			5.4	after 8 hours of pumping	
Duration of Pump Test (minimum 4 hours): 8 hours 88 feet after 8 hours of pumping					
1 HEREBY CERTIFY that above statements are true to the best of my knowledge.					
			f an	1 - In On Galla	
P.MICI	HAEL HOL	LOWNY 767 License No. (if applicable)		re of Pump Installer	
Print Name of	Pump Installer and I	icense No. (if applicable)		Form: OLWR-SWR-1B	