

STATE WELL REPORT

Part 1 – Driller's Log

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)

County:	Desoto
Permit #	MS-GW-16615
Driller:	Layne Central
Date drilling completed:	10/31/08

For Office Use Only:	
Aquifer:	
Well #:	<u>D-199</u>
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>City of Olive Branch</u>	Latitude: <u>N34° 58' ⁰²03</u> Longitude: <u>W89° 46' ⁴⁹23</u>
Mailing Address: <u>9200 Pigeon Roost Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>OliveBranch</u> MS 38654	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>25</u> Twn <u>15</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-892-9200</u>	1/2 Miles South of Hwy 302

Well / Borehole Data			
Date drilling started: <u>8/7/08</u>	Date drilling completed: <u>10/31/08</u>	Hole depth: <u>530'</u>	Hole diameter: <u>12-1/4</u>
Location of the source of any surface water used for drilling: <u>Public Supply</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>Tremmie 6 Gal Clorox</u>			
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> <u>Electric</u> <input checked="" type="checkbox"/> <u>Gamma Ray</u> <input checked="" type="checkbox"/> <u>Density</u> Sonic Neutron Other: _____			
Name of organization running log(s): <u>Layne Central</u>			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____			

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>129</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface		Date measured: <u>10/15/08</u>	
Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> <u>electric tape</u> <input type="checkbox"/> airline other: _____			
Well depth: <u>494</u> feet	Well grouted to a depth of <u>395</u> feet	Type of grout (circle one) <input checked="" type="checkbox"/> <u>Neat Cement</u> <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>395</u> feet	Casing diameter: <u>24</u> feet	Type of casing: <u>Steel</u>	
Screen length: <u>90</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>WW SST</u>	
Screen slot size: <u>.028</u> inches Setting depth: From <u>400</u> feet to <u>490</u> feet			
Type of completion (circle all applicable): <input checked="" type="checkbox"/> <u>Gravel packed</u> <input checked="" type="checkbox"/> <u>Underreamed</u> <input checked="" type="checkbox"/> <u>Telescoped</u> Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>339</u> feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A

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County: Desoto
 Permit #: MS-GW-16615
 Driller: Layne Central
 Date drilling completed: 10/31/08
Copy information from black on Part 1

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)

For Office Use Only:

Aquifer: SPR
 Well #: D144
 L.S. 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 Olive Branch</u>		Latitude: <u>N34° 58 034</u>	Longitude: <u>W89° 46 823</u>	
Mailing Address:	<u>9200 Pigeon Roost Road</u>		Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>		
	<u>Olive Branch</u>	<u>MS</u>	<u>38654</u>	USGS quad <input type="checkbox"/>	Hand-held GPS <input checked="" type="checkbox"/>
	City	State	Zip Code	Survey-grade GPS <input type="checkbox"/>	
Telephone No.	<u>662-892-9200</u>			<u>1/2</u> Miles	<u>North</u> of Hwy 302

Pump Type Circle One			Power Type Circle One		
Air Lift	<u>Jct</u>	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<u>Piston</u>	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	<u>Rotary</u>	Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor:	<u>150</u>	
Date Pump Installed:	<u>6/29/09</u>		Setting Depth:	<u>260</u> feet	
Rated Pump Capacity:	<u>1500</u>	Gallons Per Minute	Number of Stages:	<u>4</u>	

Pump Test Data			Method of Measuring Water Level Circle One		
Date Well Tested:	<u>7/7/09</u>		Airlinc	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A)	<u>130</u>	Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B):	<u>218</u>	Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet		
Drawdown [(B) - (A)]:	<u>88</u>	Feet Below Land Surface	Well yielded	<u>1522</u>	GPM with a drawdown of
Test Pumping Rate:	<u>1522</u>	Gallons Per Minute	<u>88</u>	feet after	<u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours):	<u>8</u>	hours			

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

P. MICHAEL HOLLOWAY 787
 Print Name of Pump Installer and License No. (if applicable)

P. Michael Holloway
 Signature of Pump Installer