

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-6W-16273
 Driller: Johnny Wilson
 Date drilling completed: 8/25/05

For Office Use Only:
 Aquifer: _____
 Well #: H-150
 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>Desoto South Middle School</u>		Latitude: 34° 56' 53N <u>34° 52' 22</u> Longitude: 90° 02' 53W <u>89° 52' 07</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
Mailing Address: <u>Desoto County Board of Education</u>		USGS quad: _____ Survey-grade GPS	
<u>5 East South Street</u>		<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>31</u> Twn <u>25</u> Rng <u>6W</u>	
<u>Hernando</u> MS <u>38632</u>	City State Zip Code	Distance <u>10</u> Miles	Direction <u>South</u> of Nearest Town <u>Olive Branch</u>
Telephone No. <u>(662) 429-5271</u>			

Well / Borehole Data

Date drilling started: 8/8/05 Date drilling completed: 8/25/05 Hole depth: 500' Hole diameter: 9-7/8"

Location of the source of any surface water used for drilling: Hydrant: 600 ft. from well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Layne Central

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

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

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

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 34' feet above or below (circle one) land surface Date measured: 8/25/05

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 420 Well grouted to a depth of 310 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 355 feet Casing diameter: 10 inches Type of casing: Black Steel

Screen length: 60 feet Screen diameter: 6 inches Type of screen: Johnson Wire Wrapped

Screen slot size: .020 inches Setting depth: From 360 feet to 420 feet

Type of completion (circle all applicable): Gravel packed Undecreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 310 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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)

Country: Desoto
 Permit #: GW16273
 Driller: Johnny Wilson
 Date completed: 8/25/05
Copy information from black on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H150
 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>Desoto South Middle School</u>	Latitude: <u>34° 52' 20" N</u> Longitude: <u>89° 52' 07" W</u>
Mailing Address: <u>Desoto County Board of Educ.</u> <u>5 East South Street</u> <u>Hernando MS 38632</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 31 T 25 R 6W</u>
Telephone No. <u>(662) 429-5271</u>	Distance Direction Nearest Town <u>10</u> Miles <u>South</u> of <u>Olive Branch</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>1/6/06</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/12/06</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>34</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>51</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>200</u> Gallons Per Minute	<u>17</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

P. Wayne Langley 693
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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