

# State Well Report

## Part 1 - 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-16300  
Driller: Barry Crook  
Date drilling completed: 5/24/07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L-~~109~~ 104  
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.

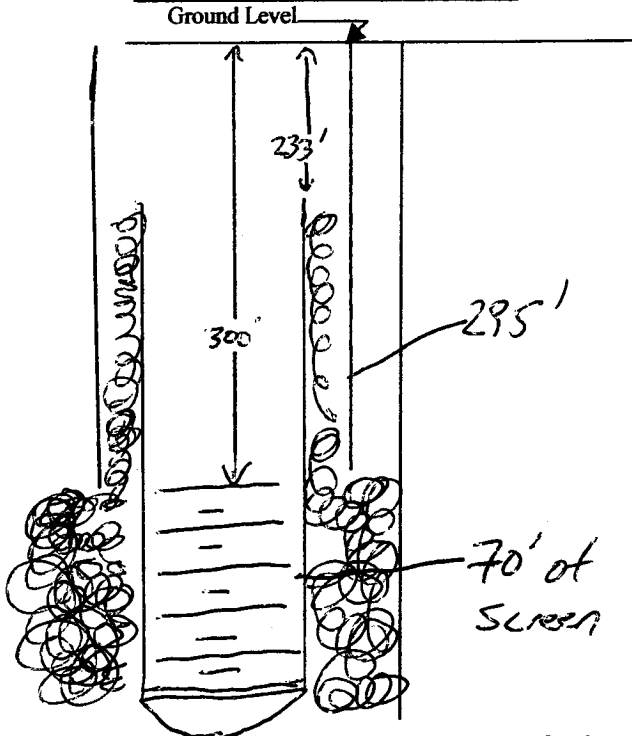
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>City of Hernando</u>	Latitude: <u>34 ° 49 '60N</u> Longitude: <u>89 ° 59 '17W</u>
Mailing Address: <u>475 West Commerce Street</u>	Method of Lat/Long (circle one): <u>36</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hernando</u> MS <u>38632</u>	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>3S</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town Miles of
Telephone No. <u>(662) 429-9099</u>	Existing Water Plant
Well / Borehole Data	
Date drilling started: <u>9/19/06</u> Date drilling completed: <u>11/23/06</u> Hole depth: <u>422</u> Hole diameter: <u>9-7/8"</u>	
Location of the source of any surface water used for drilling: <u>None</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Added to drilling fluid, 30 gallons</u>	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>Layne Christensen Co.</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 _____ N/A _____ Other (describe) _____	
Static Water Level: <u>166</u> feet <u>above</u> or below (circle one) land surface Date measured: <u>11/23/2006</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>372</u> Well grouted to a depth of <u>295</u> feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>295</u> feet Casing diameter: <u>18</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>70</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>Stainless Steel</u>	
Screen slot size: <u>0.035</u> inches Setting depth: From <u>300</u> feet to <u>370</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: <u>233</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

RECEIVED  
AUG 10 2007  
BY OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

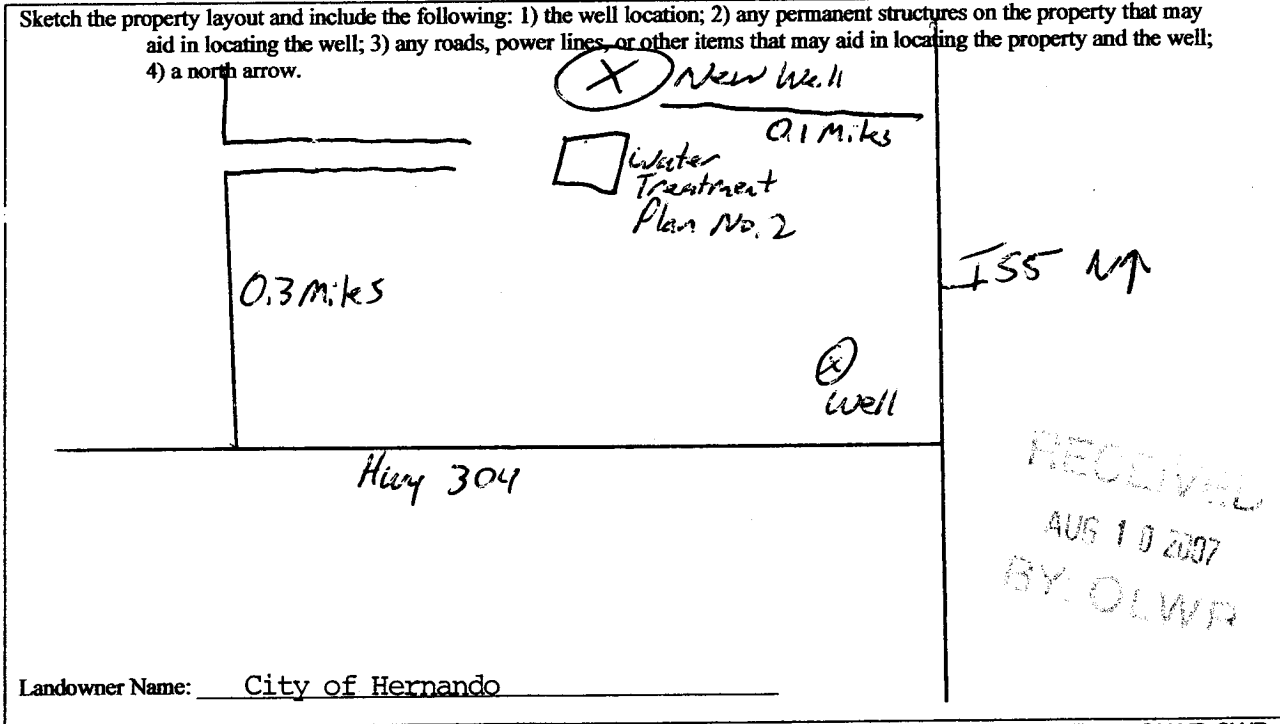


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Brown Clay	0	26
Red Clay, Sand & Gravel	26	58
Gray Clay, Sand Streaks	58	87
Hard Gray Clay	87	177
Fine Sand, Shale & Lig.Str	177	242
Fine Sand, Clay Streaks	242	282
Med. Red Sand, Clay & Lig. Streaks	282	322
Med. Sand, Lignite & Clay Streaks	322	378
Fine Sand, Clay & Lignite	378	422

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.



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.

P.Wayne Langley 0693 11/29/06 P.Wayne Langley  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Desoto  
 Permit #: MS-6W-16300  
 Driller: Barry Crook  
 Date drilling completed: 5/24/07

**Copy information from block 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: \_\_\_\_\_  
 Well #: L-108 104  
 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 Hernando</u>			Latitude:	<u>54° 49' 60"N</u>	Longitude:	<u>89° 59' 17"W</u>
Mailing Address:	<u>City of Hernando</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>			
	<u>475 West Commerce Street</u>			USGS quad	<input type="checkbox"/>	Hand-held GPS	<input checked="" type="checkbox"/>
	<u>Hernando</u>	<u>MS</u>	<u>38632</u>	Survey-grade GPS	<input type="checkbox"/>		
	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>1/4</u>	<u>1/4</u>	Sec	<u>18</u>
Telephone No.	<u>(662) 429-9099</u>			T	<u>35</u>	R	<u>7W</u>
				Distance		Direction	Nearest Town
				Miles		of	Existing Plant

Pump Type Circle One			Power Type Circle One		
Air Lift	<u>Jet</u>	<u>Submersible</u>	Diesel Engine	<u>Gasoline Engine</u>	<u>Natural Gas</u>
Bucket	<u>Piston</u>	<u>Turbine</u>	<u>Electric Motor</u>	<u>Hand</u>	<u>Tractor PTO</u>
Centrifugal	<u>Rotary</u>	<u>Flowing Well</u>	Windmill	Other (specify): _____	
Other (specify):	_____				
Date Pump Installed:	<u>3/27/2007</u>		Horse Power Rating of Motor:	<u>125</u>	
Rated Pump Capacity:	<u>1250</u>	Gallons Per Minute	Setting Depth:	<u>220</u>	feet
			Number of Stages:	<u>3</u>	

**RECEIVED**  
**AUG 10 2007**  
**BY: OLWR**

Pump Test Data		Method of Measuring Water Level Circle One	
Date Well Tested:	<u>5/24/07</u>	<u>Airline</u>	<u>Electric Measuring Line</u>
Static Water Level (A)	<u>173</u> Feet Below Land Surface	Steel Tape	
Pumping Water Level (B):	<u>192</u> Feet Below Land Surface	Other (specify):	_____
Drawdown [(B) - (A)]:	<u>19</u> Feet Below Land Surface	For flowing well, measured shut in head:	_____ feet
Test Pumping Rate:	<u>1397</u> Gallons Per Minute	Well yielded	<u>1397</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):	<u>1-1/2</u> hours	<u>19</u> feet after	<u>1-1/2</u> hours of pumping
Well had been previously tested for 25 hours with test pump			

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

P. MICHAEL HOLLOWAY 0-787  
 Print Name of Pump Installer and License No. (if applicable)

P. Michael Holloway  
 Signature of Pump Installer