

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: Tate
Permit #: MS-60-16152
Driller: Layne Christensen Co.
Date drilling completed: _____

For Office Use Only:

Aquifer: _____
Well #: G-T31 B-147
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>Town of Coldwater</u>	Latitude: <u>34° 41' 18.7N</u> Longitude: <u>89° 58' 30.1W</u> <small>1E 3C</small>
Mailing Address: <u>c/o Ed Davis, Engineers</u> <u>7124 Kerr Street</u> <u>Olive Branch, MS. 38654</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS NW ¼ SE ¼ Sec <u>31</u> Twn <u>8S</u> Rng <u>7W</u>
Telephone No. (<u>662</u>) <u>893-4975</u>	Distance Direction Nearest Town _____ Miles _____ of _____ <u>At existing water treatment plant</u>
Well / Borehole Data	
Date drilling started: <u>9/19/05</u> Date drilling completed: <u>12/29/05</u> Hole depth: <u>1025</u> Hole diameter: <u>12½"</u> <small>for test hole</small>	
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 Company</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 _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>46</u> feet <u>above</u> or below (circle one) land surface Date measured: <u>12/29/05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>210</u> Well grouted to a depth of <u>151</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>151</u> feet Casing diameter: <u>18</u> inches Type of casing: <u>Black Steel</u>	
Screen length: <u>50</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>Stainless Steel</u>	
Screen slot size: <u>.035</u> inches Setting depth: From <u>156</u> feet to <u>206</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>Top of ground</u> <small>feet</small> <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

RECEIVED

JAN 17 2006

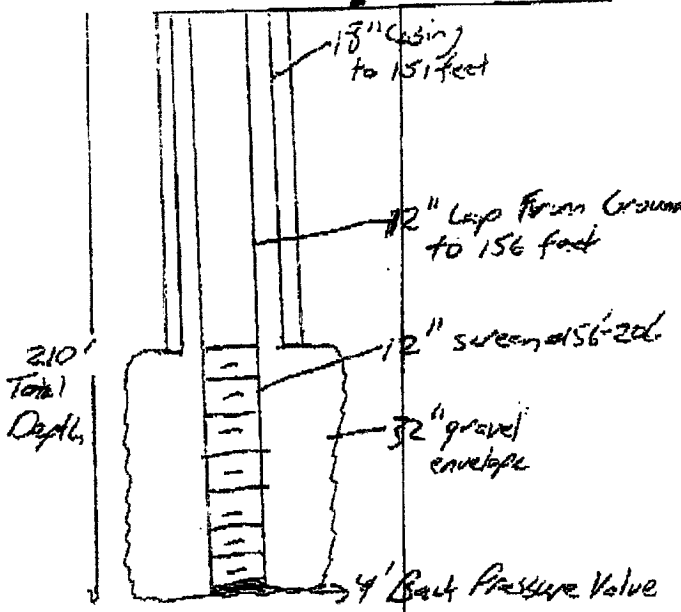
BY: OLWR

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

G-131
B-147

If well telescopes, show depths on sketch.
Ground Level

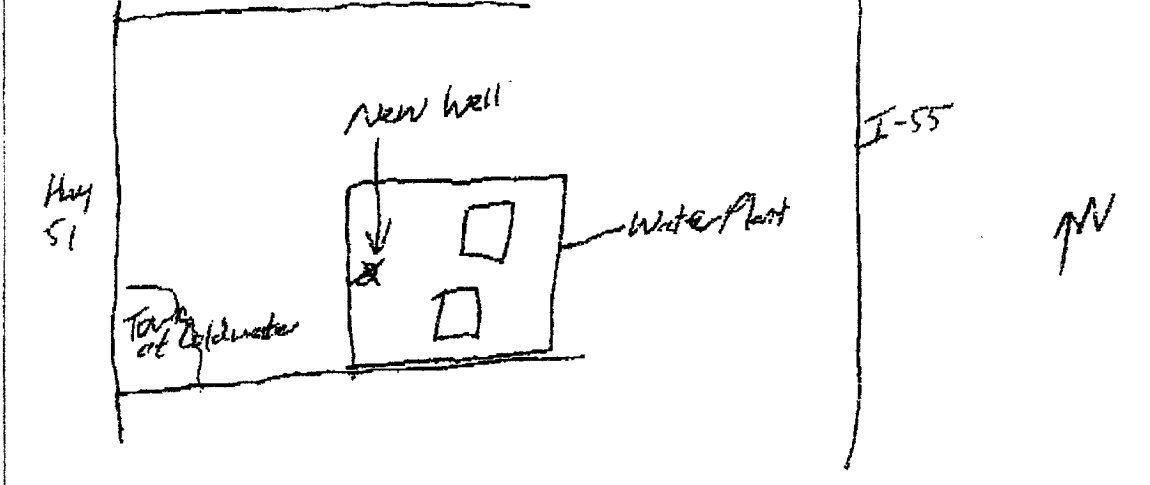


Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	1315
Clay	0	20
Sand & Gravel	20	26
Clay & Sand Streaks	26	70
Fine Sand & Clay Streaks	70	210
Clay & Sand Streaks	210	220
Sand & Clay Streaks	220	251
Red Sand & Clay Streaks	251	282
Sand, Clay Strk, & Rock	282	314
Hard Sandy Shale & Lign	314	376
Sandy Shale, Lig & Sand Strk	376	439
Fine Sand, Lignite & Sand Streaks	439	471
Fine Sand, Shale & Lign	471	592
Fine Sand, Shale Strk.		
Lots of Lignite	592	623
White Clay & Sand Streak	623	653
Fine Sand, Clay & Lig	653	768
Clay & Sand Streaks	768	773
Med Fine Sand, Clay Str.		
Lignite	773	840
Fine Sand, Clay Str, Lig	840	922
Hard Sandy Shale	922	932

See Reverse Side

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: TOWN OF COLDWATER

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.

WAYNE LAN GLEY 0-693 1/10/06
Print Name of Responsible Licensee and License No. Date

Wayne Lan Gley
Signature of Licensee

RECEIVED
JAN 17 2006
BY: OLWR

G-T3T
B-147

932	961	Hard Shale, Lignite & Clay Str
961	962	Rock
962	980	Hard Shale, Lig, Clay Str & Rock
980	1020	Hard Sandy Shale & Sand Streaks
1020	1025	Sandy Shale & Sand Streaks
1025	1100	Shale, Lig, Sandy Shale Streaks
1100	1124	Sandy Shale, Lig & Sand Streaks
1124	1160	Hard Shale & Soft Streaks
1160	1205	Sandy Shale & Sand Streaks
1205	1214	Hard Sandy Shale
1214	1216	Rock
1216	1247	Sandy Shale & Sand Streaks
1247	1248	Rock
1248	1269	Sandy Shale & Sand Streaks
1269	1291	Hard Shale
1291	1315	Hard Shale
1315		Bottom Hole

RECEIVED
JAN 17 2006
BY: OLWR

STATE WELL REPORT

Part 2

County: Tate
 Permit #: _____
 Driller: Layne Christensen Co.
 Date completed: 12/29/05
Copy information from block on Part 1

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 #: B147
 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>Town of Coldwater</u>	Latitude: <u>34°41'18.7"N</u> Longitude: <u>89°58'30.1"W</u>
Mailing Address: <u>c/o Edward T. Davis & Assoc.</u> <u>7124 Kerr Street</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Olive Branch</u> MS <u>38654</u> City State Zip Code	NW <u>¼</u> SE <u>¼</u> Sec <u>31</u> T <u>8</u> ^{AS} R <u>7W</u>
Telephone No. (<u>662</u>) <u>893-4975</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____ <u>At existing water treatment plant</u>

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>20</u>
Date Pump Installed: <u>9/27/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/9/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>48.42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>64.22</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15.8</u> Feet Below Land Surface	Well yielded <u>478</u> GPM with a drawdown of
Test Pumping Rate: <u>478</u> Gallons Per Minute	<u>15.8</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Layne Christensen 0-693
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
RECEIVED
 SEP 08 2009
 BY: OLWR