

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: E-93  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LAYFAYETTE  
Permit #: \_\_\_\_\_  
Driller: F LANGFORD  
Date drilling completed: 2-7-07

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)

Owner Name: Willie CANNON  
Mailing Address: CO RD 164  
LOT # 11  
BARNSVILLE MS  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_

### Well or Borehole Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 22 Twn 8S Rng 5W  
Distance Direction Nearest Town  
7 Miles SW of OXFORD  
AT CROSSROADS

### Well / Borehole Data

Date drilling started: 2-6-07 Date drilling completed: 2-7-07 Hole depth: 220 Hole diameter: 6 7/8"  
Location of the source of any surface water used for drilling: TAKE FROM WELL  
Method of dosing and volume of Chlorine used in drilling and development: 5 GAL Chlorox - 3000LBS - 200L  
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
(Attach copy of log to this report)

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: \_\_\_\_\_

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 2-7-07

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

Well depth: 220 Well grouted to a depth of 0 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: SIETUB PVC

Screen slot size: 0.13 inches Setting depth: From 210 feet to 220 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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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)

County: LAMYFAITTE  
 Permit #: \_\_\_\_\_  
 Driller: F Langford  
 Date completed: 2-7-07  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-93  
 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>Willie CANNON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CO RD 164</u> <u>LAT # 11</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>ROSEVILLE MS</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>22 T 85 R 5W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>7 Miles</u> <u>W</u> of <u>Oxford</u> <u>NEAR CROSSROAD</u> <u>AT STATE 15</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	<u>Electric Motor</u> Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>2-7-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>15+</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-7-07</u>	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15+</u> Gallons Per Minute	<u>5</u> feet after <u>2 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours	

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

Frank Langford 0-622                      Frank Langford  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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