

# 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:	Lafayette
Permit #:	<u>6W 16341</u>
Driller:	B. Crook
Date drilling completed:	2/20/07

<b>For Office Use Only:</b>	
Aquifer:	
Well #:	<u>E 95</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 Oxford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>David N. Bennett</u> <u>107 Courthouse Square</u> <u>Oxford MS 38655</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. _____	NW ¼ SE ¼ Sec <u>24</u> Twn <u>8S</u> Rng <u>4W</u>
	Distance _____ Direction _____ Nearest Town _____
	1000' _____ Miles <u>N</u> of <u>Anderson Road</u>

Well / Borehole Data			
Date drilling started: <u>1/3/2007</u>	Date drilling completed: <u>2/20/2007</u>	Hole depth: <u>133'</u>	Hole diameter: <u>15"</u>
Location of the source of any surface water used for drilling: <u>City Water Line</u>			
Method of dosing and volume of Chlorine used in drilling and development: _____			
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> Sonic Neutron Other: _____			
Name of organization running log(s): _____			
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) _____			
<b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>			

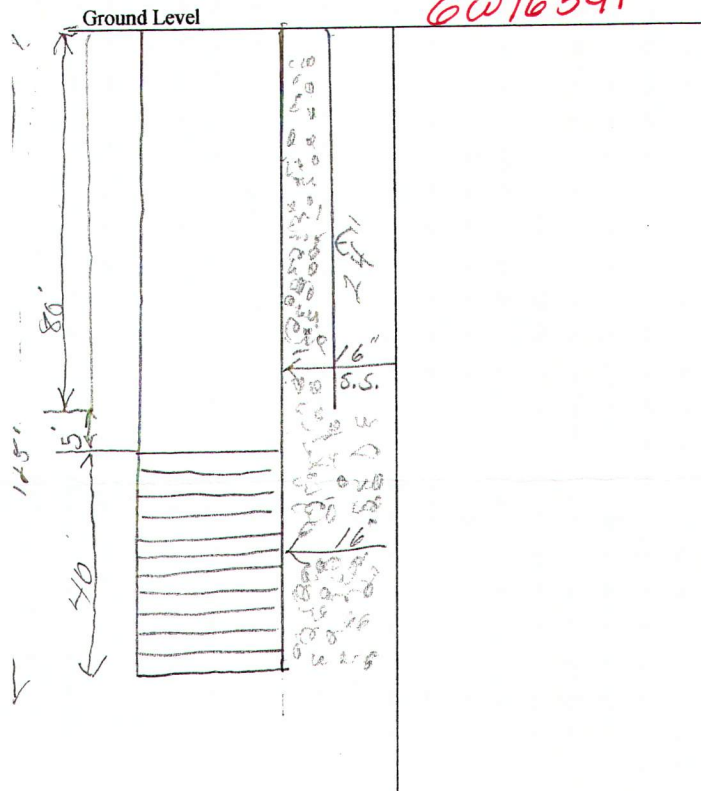
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>12</u> feet above or <u>below</u> (circle one) land surface		Date measured: _____	
Method of Measurement (circle one) steel tape <u>electric tape</u> airline other: _____			
Well depth: <u>125'</u>	Well grouted to a depth of <u>80</u> feet	Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>80</u> feet	Casing diameter: <u>24"</u> feet	Type of casing: <u>Steel</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>SS Wire Wrap</u>	
Screen slot size: <u>0.025</u> inches Setting depth: From <u>85</u> feet to <u>125</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>0</u> feet. <b><i>If telescoped or more than one screen, describe on next page</i></b>			

Form: OLWR-SWR-1A  
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The sketch below only required for water wells

If well telescopes show depths on sketch.

GW16341

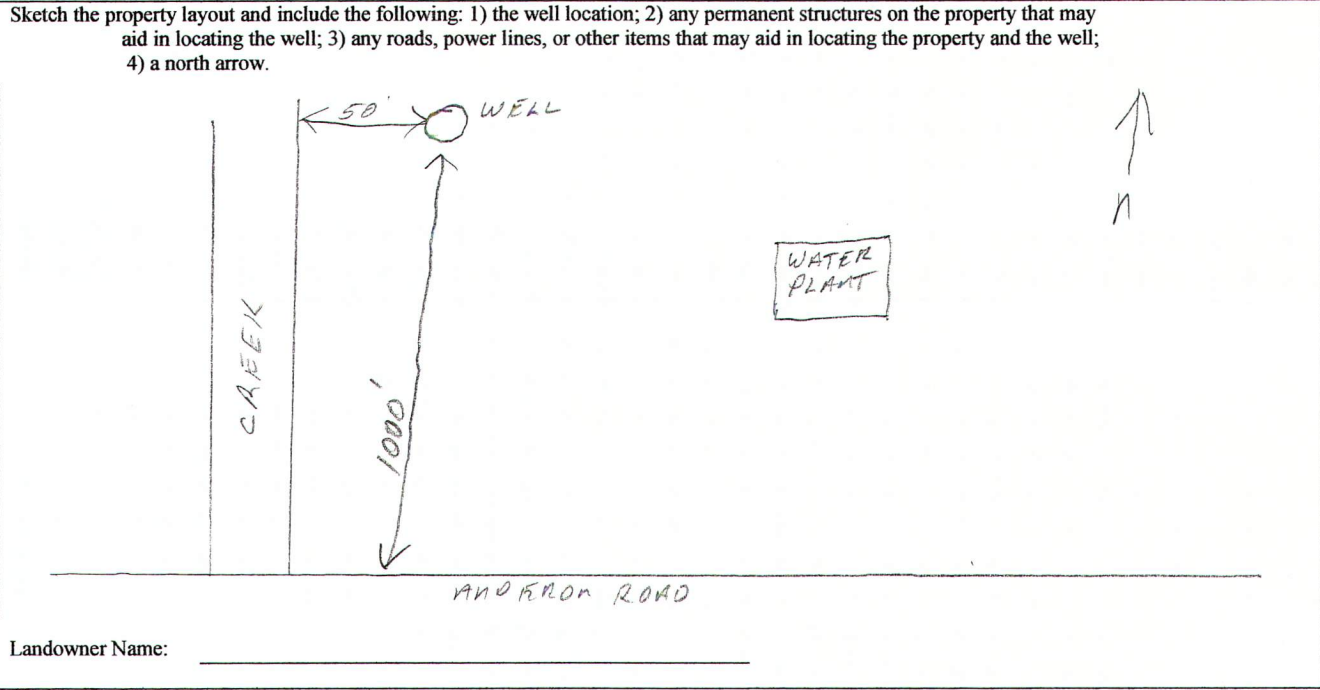


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Fillin	Ground Level	14
Brown Clay	14	17
Sand & Clay Streaks	17	30
Fine Sand & Clay Streaks	30	60
Med. Sand, Sand Stone & Clay Streaks	60	86
Fine Sand & Clay Streaks	86	113
Fine Sand, Sand Stone & Clay Streaks	113	127
Pink & White Clay	127	133

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: \_\_\_\_\_

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance will all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

P. MICHAEL HOLLOWAY 0-787

6-1-07

P. Michael Holloway

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# 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 #: E-95

L.S. Elevation: \_\_\_\_\_

County: Lafayette  
 Permit #: 6W16341  
 Driller: B. Crook  
 Date drilling completed: 2/20/07

*Copy information from block on Part 1*

*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 Oxford</u>			Latitude: °	Longitude: °		
Mailing Address:	<u>David N. Bennett</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>			
	<u>107 Courthouse Square</u>			USGS quad <input type="checkbox"/>	Hand-held GPS <input type="checkbox"/>	Survey-grade GPS <input type="checkbox"/>	
	<u>Oxford</u>	<u>MS</u>	<u>38655</u>	NW <u>¼</u>	SE <u>¼</u>	Sec <u>24</u>	T <u>8S</u> R <u>4W</u>
	City	State	Zip Code	Distance	Direction	Nearest Town	
Telephone No.	<u>662-232-2315</u>			<u>1000'</u>	Miles <u>N</u>	of <u>Anderson Road</u>	

Pump Type Circle One			Power Type Circle One		
Air Lift	<input type="radio"/> Jet	<input type="radio"/> Submersible	<input type="radio"/> Diesel Engine	<input type="radio"/> Gasoline Engine	<input type="radio"/> Natural Gas
Bucket	<input type="radio"/> Piston	<input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor	<input type="radio"/> Hand	<input type="radio"/> Tractor PTO
Centrifugal	<input type="radio"/> Rotary	<input type="radio"/> Flowing Well	<input type="radio"/> Windmill	Other (specify): _____	
Other (specify):	_____				
Date Pump Installed:	<u>5/19/2007</u>		Horse Power Rating of Motor:	<u>40</u>	
Rated Pump Capacity:	<u>1000</u>	Gallons Per Minute	Setting Depth:	<u>70'</u>	feet
			Number of Stages:	<u>2</u>	

Pump Test Data		Method of Measuring Water Level Circle One	
Date Well Tested:	<u>2/20/2007</u>	<input checked="" type="radio"/> Airline	<input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A)	<u>12</u> Feet Below Land Surface	Other (specify): _____	
Pumping Water Level (B):	<u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]:	<u>13</u> Feet Below Land Surface	Well yielded	<u>1001</u> GPM with a drawdown of
Test Pumping Rate:	<u>1001</u> Gallons Per Minute	<u>13</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 0-787  
 Print Name of Pump Installer and License No. (if applicable)

P. Michael Holloway  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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