

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E127
Aquifer: _____
E-Log #: _____

County: Lafayette
Permit #: MS-GW-17380
Driller: Donald Smith Co.
Date drilling completed: 9/21/18

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.

RECEIVED
JAN 22 2019
BY OLWR

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Westover Water Assoc., Inc</u>	Latitude: <u>34 21 51.6 N</u> Longitude: <u>89 37 36.8 W</u>
Mailing Address: <u>39 CR 105</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Oxford</u> <u>MS</u> <u>38655</u>	_____ 1/4 _____ 1/4, Sec <u>28</u> T <u>8S</u> R <u>4W</u>
City State Zip Code	<u>4</u> Miles <u>W</u> of <u>Oxford, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

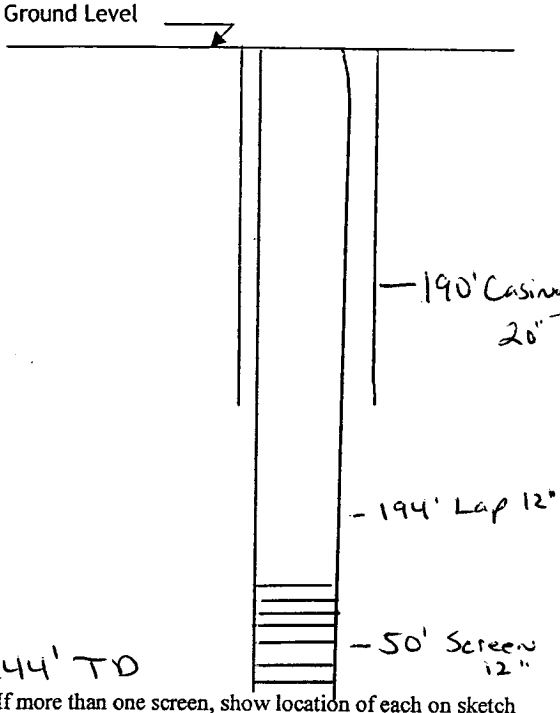
Well / Borehole Data
Date drilling started: <u>8/2/18</u> Date drilling completed: <u>9/21/18</u> Hole depth: <u>260'</u> Hole diameter: <u>25"</u>
Location of the source of any surface water used for drilling: <u>Public Water Supply</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Potable Water Used</u>
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>MS Office of Geology</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>134.8</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>9/12/18</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>244'</u> Well grouted to a depth of: <u>190</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>190</u> feet Casing diameter: <u>20</u> inches Type of casing: <u>Carbon Steel</u>
Screen length: <u>50</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>SS Ribbed</u>
Screen slot size: <u>.030</u> inches Setting depth: From <u>194</u> feet to <u>244</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet <u>Lap brought back to surface</u>
<i>If telescoped or more than one screen, describe on next page</i>

County: Lafayette
Permit #: MS-GW-17390

For Office Use Only:
Well #: E127

The sketch below only required for water wells
If well telescopes, show depths on sketch.

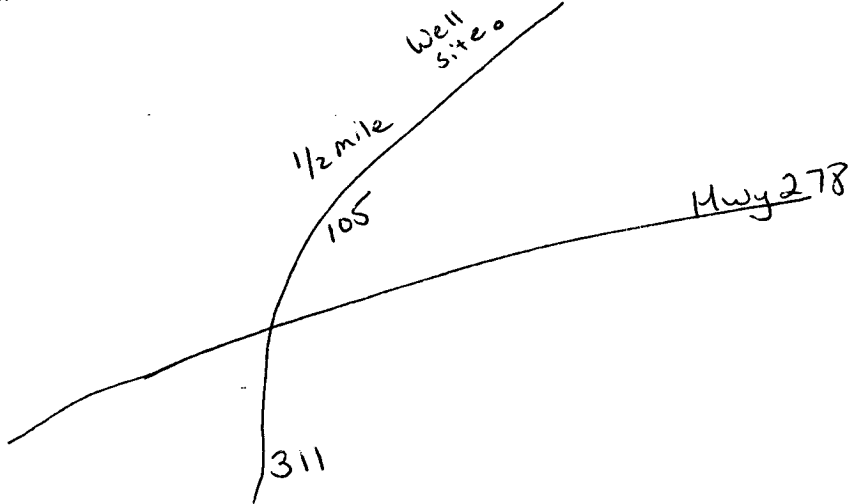


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Red Clay		
Coarse Sand, Pea Gravel	0	10
White Chalk	10	15
Sand	15	18
Gray Clay, Sticky	18	130
Sand	130	248
Gray Clay, Sticky	248	260

244' TD
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) north arrow



Landowner Name: _____

I HEREBY 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.

Robert Young Jr. UNR 5671 1/16/19 Robert Young Jr.
Print Name of Responsible Licensee and License No. Date Signature of Licensee



STATE WELL REPORT

Part 2

County: Lafayette
 Permit #: MS-GW-17380
 Driller: Donald Smith Co., Inc
 Date completed: _____
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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: E127
 Aquifer: _____

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>Westover Water Assoc, Inc</u>			Latitude: <u>34 21 51.6 N</u> Longitude: <u>89 37 36.8 W</u>		
Mailing Address: <u>39 CR 105</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Oxford</u> City	<u>MS</u> State	<u>38655</u> Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____		
Telephone No. () _____			<u>4</u> Miles <u>West</u> of <u>Oxford</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11/28/18 Rated Pump Capacity: 300 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 25 Setting Depth: 200 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
 Date Well Tested: 1/14/19 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 134.8 Feet Below Land Surface Pumping Water Level (B): 159.8 Feet Below Land Surface
 Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 351 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: Mcrometer Meter Serial Number: 20182145
 Meter Model Number/Name: MLO4-06 Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: 12/19/18 Meter installed by: Donald Smith Company, Inc
 Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Robert Young, Jr UNR-5671 5/17/19 Robert Young Jr
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

(SARDIS DAM)



SPLINTER QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES

(OXFORD
NORTH)

089° 38' 48.5146" W
034° 23' 15.5612" N

(COLES POINT)

089° 36' 25.1804" W
034° 23' 15.5612" N

(SARDIS SE)

(OXFORD SOUTH)

MS-GW-17380 034° 21' 51.6000" N 089° 37' 36.8000" W

034° 20' 27.9586" N
089° 38' 48.5146" W

034° 20' 27.9586" N
089° 36' 25.1804" W

(SHUFORD)

(WATER VALLEY WEST)
SCALE 1:24000

(WATER VALLEY
EAST)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

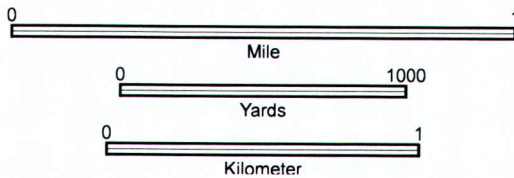
North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 12M N and
8M W

Declination



GN 1.48° W
MN 1.64° W



CONTOUR INTERVAL 20 FT

34089-C6-TM-024
SPLINTER, MS
JAN 1, 1980