

# 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 #: E 128  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: LAFAYETTE  
Permit #: \_\_\_\_\_  
Driller: Parks & Parks  
Date drilling completed: 9/29/21

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>OXFORD WATER &amp; SEWER</u>	Latitude: <u>34.406843</u> Longitude: <u>89.573077</u>
Mailing Address: <u>P.O. Box 827</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>OXFORD, MS 38655</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. <u>662-816-2786</u>	<u>1</u> Miles <u>N</u> of <u>OXFORD</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9/22/21</u> Date drilling completed: <u>9/29/21</u> Hole depth: <u>200</u> Hole diameter: <u>1 7/8</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>5 PPM</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>STATE</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
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"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Test Well</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>11.6</u> feet [above or below] land surface Date measured: <u>10/6/21</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 <input type="checkbox"/> Other (describe): _____
Well depth: <u>115</u> Well grouted to a depth of: <u>N/A</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>Steel</u>
Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>STAINLESS</u>
Screen slot size: <u>.030</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet

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*If telescoped or more than one screen, describe on next page*



# Untitled Map

Write a description for your map.

## Legend

📍 ? 2m Trade Park

test well #3 34.409272 -89.572180

test well #4 34.406843 -89.573077

test well #2 34.405610 -89.576347

test well #1 34.402478 -89.580154

Tobby Tubby MBC

Pat Patterson Concession Stand

2m Trade Park

Berry Branch

Google Earth

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1000 ft



# 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: LAFAYETTE  
 Permit #: \_\_\_\_\_  
 Driller: PAKS + PARKS  
 Date completed: 9/29/21  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E128  
 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>OXFORD WATER + SEWER</u>	Latitude: <u>34.406843</u> Longitude: <u>89.573077</u>
Mailing Address: <u>P.O. Box 827</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>OXFORD, MS 38655</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 816-2786</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>N</u> of <u>OXFORD</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>10/6/21</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>205</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/7/21</u>	Air Line <input type="radio"/> <b>Electric Measuring Line</b> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>11.6</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>23</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>205</u> Gallons Per Minute	_____ feet after _____ 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.

Rayburn Parks 0-414  
 Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks  
 Signature of Pump Installer

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**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225  
**Water Well Plugging/Decommissioning Form**  
 OLWR-DF-1 (04/08)  
 (601)961-5555 (601)961-5228 (fax)

COUNTY WELL LOCATED: <b>LAFAYETTE</b>		WELL NUMBER: <b>4 E128</b>
PERMIT NUMBER:	DATE WELL PLUGGED: <b>10/5/21</b>	
NAME OF FIRM PLUGGING WELL: <b>PAKES + PAKES</b>	TELEPHONE NUMBER: <b>662-456-2011</b>	
NAME AND ADDRESS OF CURRENT LANDOWNER: <b>CITY OF OXFORD P.O. BOX 827 OXFORD, MS 38655</b>		
WELL LOCATION:	SECTION:	TOWNSHIP: RANGE:
WELL LOCATION: LATITUDE: <b>34.406843</b> LONGITUDE: <b>89.573077</b> METHOD (Check ONE): <input checked="" type="checkbox"/> USGS QUAD <input type="checkbox"/> CONVENTIONAL SURVEY <input type="checkbox"/> GPS - HAND HELD OR SURVEY GRADE		
DISTANCE: <b>1</b> DIRECTION: <b>N</b> NEAREST TOWN: <b>OXFORD</b> OTHER LANDMARK:		
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <b>TEST Well</b>		
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <b>PAKES + PAKES Well Service, INC</b>		
NAME OF LANDOWNER WHEN WELL WAS DRILLED: <b>CITY OF OXFORD</b>		

WELL DATA		
WELL DEPTH: <b>115</b>	HOLE DEPTH: <b>200</b>	
CASING DIAMETER (IN.): <b>6</b>	CASING LENGTH (FT.): <b>75</b>	TYPE OF CASING: <b>STEEL</b>
DEPTH TO STATIC WATER LEVEL: <b>11.6</b>	DATE WELL COMPLETED: <b>9/29/21</b>	
WHY IS THE WELL BEING ABANDONED? <b>TEST Well</b>		

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

**Pulled out 40'-6" screen and 75'-6" casing. Run 2" trimmer pipe to bottom pump. Cement to surface**

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

**RAYBURN PAKES**  
 PRINT NAME  
**Rayburn Pakes**  
 SIGNATURE

**0414**  
 MS LICENSE NUMBER  
**10/5/21**  
 DATE

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