

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: Lafayette
Permit # MS-GW-00604 16497
Driller: Layne Central
Date drilling completed: 11/16/07

For Office Use Only:
Aquifer: _____
Well #: F-181
178
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>USDA Sedimentation Lab</u>	Latitude: <u>N34° 22' 742"</u> Longitude: <u>W89° 32' 162"</u>
Mailing Address: <u>P.O. Box 1157</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford</u> MS 38655	1/4 _____ 1/4 Sec <u>20</u> Twn <u>85</u> Rng <u>3W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. (662) 232-2993	1 _____ Miles _____ West _____ of _____ Oxford
Well / Borehole Data	
Date drilling started: <u>11/13/07</u> Date drilling completed: <u>11/16/07</u> Hole depth: <u>115'</u> Hole diameter: _____	
Location of the source of any surface water used for drilling: <u>City of Oxford MS</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>4 Gallon Liquid Bleach</u>	
Logs run (circle all applicable): No log run <input 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>Layne Central Company</u>	
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) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input 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>29'</u> feet above or below (circle one) land surface Date measured: <u>11/16/07</u>	
Method of Measurement (circle one) steel tape electric tape airline other: _____	
Well depth: <u>115</u> Well grouted to a depth of <u>85</u> feet Type of grout (circle one) Neat Cement Bentonite Mix	
Casing length: <u>85</u> feet Casing diameter: <u>16</u> feet Type of casing: <u>Steel</u>	
Screen length: <u>25</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>Stainless</u>	
Screen slot size: <u>.040</u> inches Setting depth: From <u>90</u> feet to <u>115</u> 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: <u>0</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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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)

For Office Use Only:

Aquifer: _____

Well #: F-18T 178

L.S. Elevation: _____

County: Lafayette
 Permit #: MS-GW-00604
 Driller: Layne Central
 Date drilling completed: 11/16/07

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>U.S.D.A Sedimentation Lab</u>	Latitude: <u>N34° 22' 742"</u> Longitude: <u>W89° 32' 162"</u>
Mailing Address: <u>P.O. Box 1157</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Oxford MS 38655</u>	USGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	1/4 1/4 Sec T R
Telephone No. <u>662-232-2993</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>West</u> of <u>Oxford</u>

Pump Type Circle One	Power Type Circle One
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>12/28/07</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>1/3/8</u>	Airline <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>30'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>41'</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>11'</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>339</u> Gallons Per Minute	Well yielded <u>339</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>11</u> feet after <u>4</u> hours of pumping

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

P. Michael Holloway 787
 Print Name of Pump Installer and License No. (if applicable)

P. Michael Holloway
 Signature of Pump Installer

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