

# STATE WELL REPORT

## Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS. 39225  
(601)961-5210  
(601) 354-6938 (fax)

County:	Lafayette
Permit #	MS-GW-16538
Driller:	Layne Central
Date drilling completed:	9/8/08

For Office Use Only:	
Aquifer:	MUNX
Well #:	F-182
L.S. Elevation:	420'
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: City of Oxford	Latitude: N34° 24' 44" 732 Longitude: W89° 31' 51" 852
Mailing Address: 107 Courthouse Square	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
Oxford MS 38655	<i>NE</i> ¼ <i>SE</i> ¼ Sec <i>5</i> Twn <i>8S</i> Rng <i>3W</i>
City State Zip Code	Distance Direction Nearest Town
Telephone No. 662-232-2398	3 Miles West of Oxford
Well / Borehole Data	
Date drilling started: 8/26/08	Date drilling completed: 9/4/08
Hole depth: 195	Hole diameter: 24
Location of the source of any surface water used for drilling: Public Supply	
Method of dosing and volume of Chlorine used in drilling and development: 10 gal. sodium hypochlorite	
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: No log ran	
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: 78 feet above or below (circle one) land surface	Date measured: 9/5/08
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> airline <input type="checkbox"/> other: _____	
Well depth: 195 feet	Well grouted to a depth of 149 feet
Type of grout (circle one) Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: 149 feet	Casing diameter: 24 feet
Type of casing: Steel coated I.D.	
Screen length: 40 feet	Screen diameter: 16 inches
Type of screen: Wirewrap SS	
Screen slot size: .040 inches	
Setting depth: From 155 feet to 195 feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe):	
Top of lap pipe or reduction in casing: 87 feet. <b><i>If telescoped or more than one screen, describe on next page</i></b>	

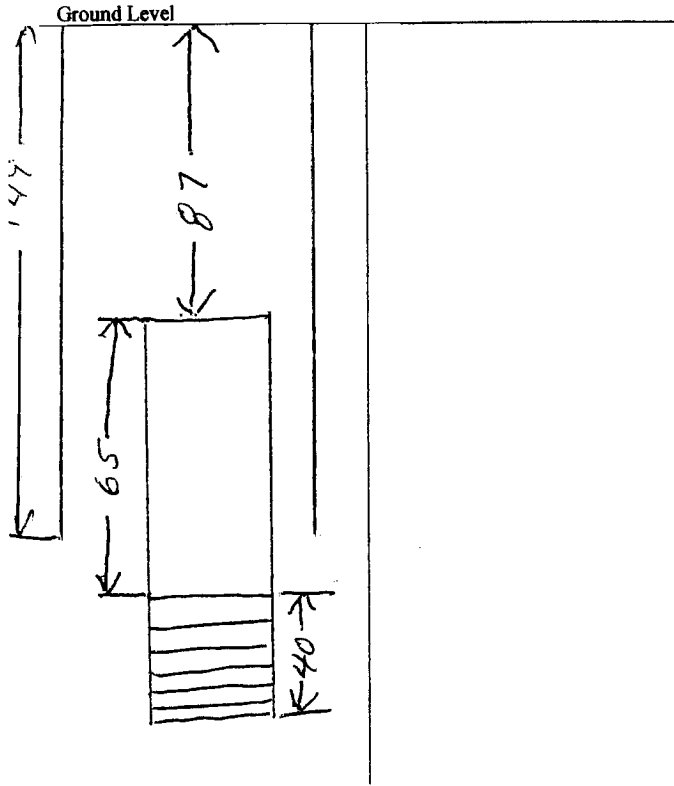
Form: OLWR-SWR-1A

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The sketch below only required for water wells

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

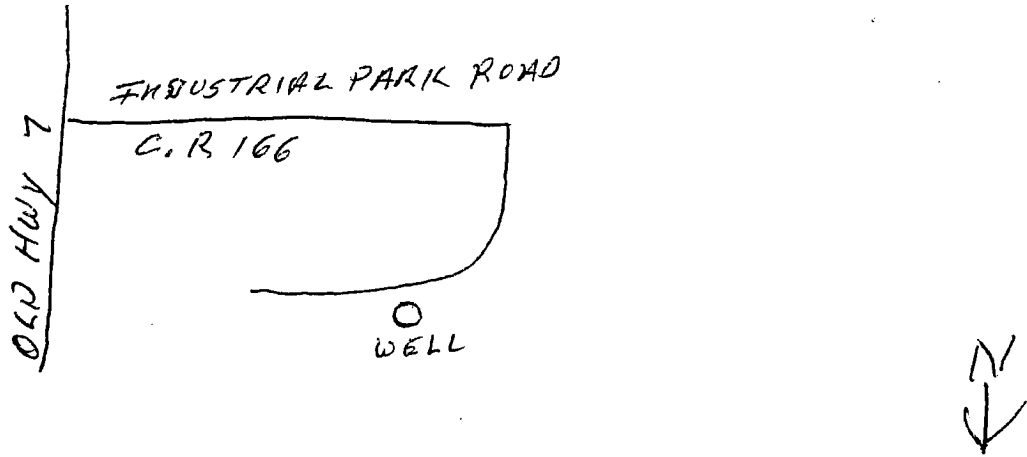
If well telescopes show depths on sketch.



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red Sand	0	17
Sand Chalk Streaks	17	142
Coarse Sand	142	162
Medium Sand	162	195

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: CITY OF OXFORD MS

Form: OLWR-SWR-1A

I 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.

P. Michael Holloway 0-787

09/8/08

*P. Michael Holloway*

SEP 22 2008

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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County: Lafayette  
 Permit #: MS-GW-16538  
 Driller: Layne Central  
 Date drilling completed: 09/08/08

*Copy information from block on Part 1*

**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: MUWX  
 Well #: F-182  
 L.S. Elevation: 420'

*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	City of Oxford		Latitude:	N34° 24' 732" Longitude: W89° 31' 852"	
Mailing Address:	107 Court House Square		Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>		
	Oxford	MS 38655	USGS quad <input type="checkbox"/>	Hand-held GPS <input checked="" type="checkbox"/>	Survey-grade GPS <input type="checkbox"/>
	City	State	Zip Code	Distance	Direction
Telephone No.	662-232-2398		3	Miles	West of Oxford

Pump Type Circle One			Power Type Circle One		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>75</u>		
Date Pump Installed: <u>12/10/08</u>			Setting Depth: <u>145</u> feet		
Rated Pump Capacity: <u>1100</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data		Method of Measuring Water Level Circle One	
Date Well Tested:	<u>2/10/09</u>	<u>Airline</u>	Electric Measuring Line
Static Water Level (A)	<u>79</u> Feet Below Land Surface	Steel Tape	
Pumping Water Level (B):	<u>109</u> Feet Below Land Surface	Other (specify): _____	
Drawdown [(B) - (A)]:	<u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet	
Test Pumping Rate:	<u>1113</u> Gallons Per Minute	Well yielded <u>1113</u> GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours	<u>30</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 0-787  
 Print Name of Pump Installer and License No. (if applicable)

*P. Michael Holloway*  
 Signature of Pump Installer

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Form: OLWR-SWR-1B  
 FEB 25 2009

BY: OLWR