

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 # 6W16568
Driller: Donald Smith Co
Date drilling completed: 09/09/08

For Office Use Only:
Aquifer: _____
Well #: F-185
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>University of Mississippi</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford</u> <u>MS</u> <u>38655</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>08S</u> Rng <u>03W</u>
Telephone No. () _____	Distance <u>2</u> Miles <u>N</u> of <u>Oxford</u>

Well / Borehole Data

Date drilling started: 8/19/08 Date drilling completed: 9/09/08 Hole depth: 150 Hole diameter: 14"

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: Potable water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): MS office of Geology

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 09/05/08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 121' Well grouted to a depth of 12' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 80 feet to 120 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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6W16568

F-185

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.

Ground Level →

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red Sandy Clay	0	8
White Sand/Shell w/streak clay	8	80
White Coarse Sand	80	115
Five Red Sand, Clay streaks	115	125
Blue Clay	125	150

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 with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Donald Smith 0-767 9/30/08

Donald Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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)

County: Lafayette
 Permit # 6W 16568
 Driller: Donald Smith Co
 Date completed: 9/30/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-185
 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>University of Miss.</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>Oxford</u> <u>MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> T <u>08SR 03W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>N</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>9/26/08</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>350</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>09/26/08</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>350</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Donald Smith 0-767 Donald Smith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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