

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)

County:	Lafayette
Permit #:	GW16974
Driller:	Rusty North
Date drilling completed:	11/14/2012

For Office Use Only:	
Well #:	F194
Aquifer:	MUWX
E-Log #:	

for
John Parker
4/25/14

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: University of Mississippi	Latitude: N34°21' ^{35"} 34.57" Longitude: W89°32'51.12"
Mailing Address: P.O. Box 8750	Method of Lat/Long (check one): Conventional Survey, _____
City: University State: MS ZC: 38677	USGS Quad: _____ Hand-held GPS: <input checked="" type="checkbox"/> Survey-grade GPS: _____
Telephone No.: 662-915-7448	SE ¼ NE ¼, Sec 30 T 85 R 3W
	Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

DMM
4/25/14

Well / Borehole Data	
Date drilling started: 10/16/12	Date drilling completed: 11/11/12
Hole depth: 195'	Hole diameter: 29"
Location of the source of any surface water used for drilling: Fire hydrant on road	
Method of dosing and volume of Chlorine used in drilling and development: 15 gallons poured trough top	
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____	
Name of organization running log(s): Layne Christensen Company	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ 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 _____ Industrial _____ <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: 114 Feet	[Above or <input checked="" type="checkbox"/> Below] Land surface Date measured: 11/14/12
<small>(circle one)</small>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape _____ Air line _____ Other (describe): _____	
Well depth: 180'	Well grouted to a depth of: 150 feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement _____ Bentonite _____ Mi _____
Casing length: 150 Feet	Casing diameter: 24 inches Type of casing: Steel
Screen length: 25 feet	Screen diameter: 16 inches Type of screen: Stainless Steel
Screen slot size: .045	Setting depth: From 155 feet to 180 feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed _____ Open Hole _____ Natural Development _____	
Other (describe): 16" stainless steel lap pipe extended from screen to ground level	
Top of lap pipe or reduction in casing: Ground level feet	
<small>If telescoped or more than one screen, describe on next page</small>	

Form: OLWR-SWR-1A (4/13)

MSDH # 0360015-07

for Ralph
Hagan
MSDH
4/25/14

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APR 23 2014

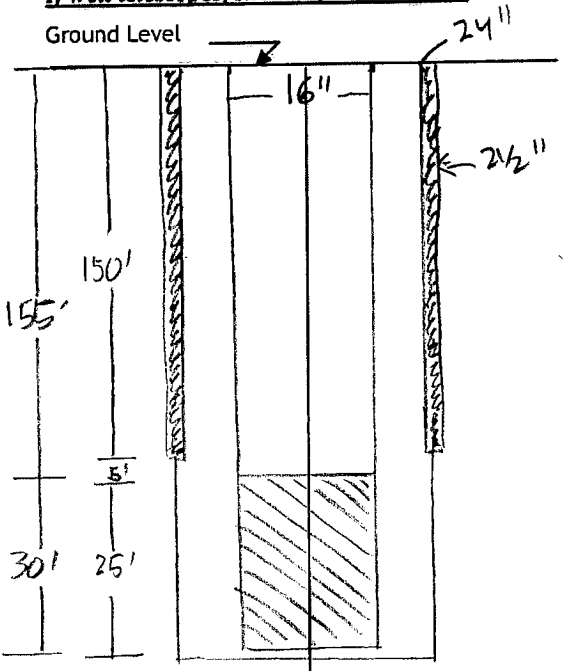
BY: OLWR

County: Lafayette
 Permit #: SN 16974

For Office Use Only:
 Well #: F194

The sketch below only required for water wells

If well telescopes, show depths on sketch.



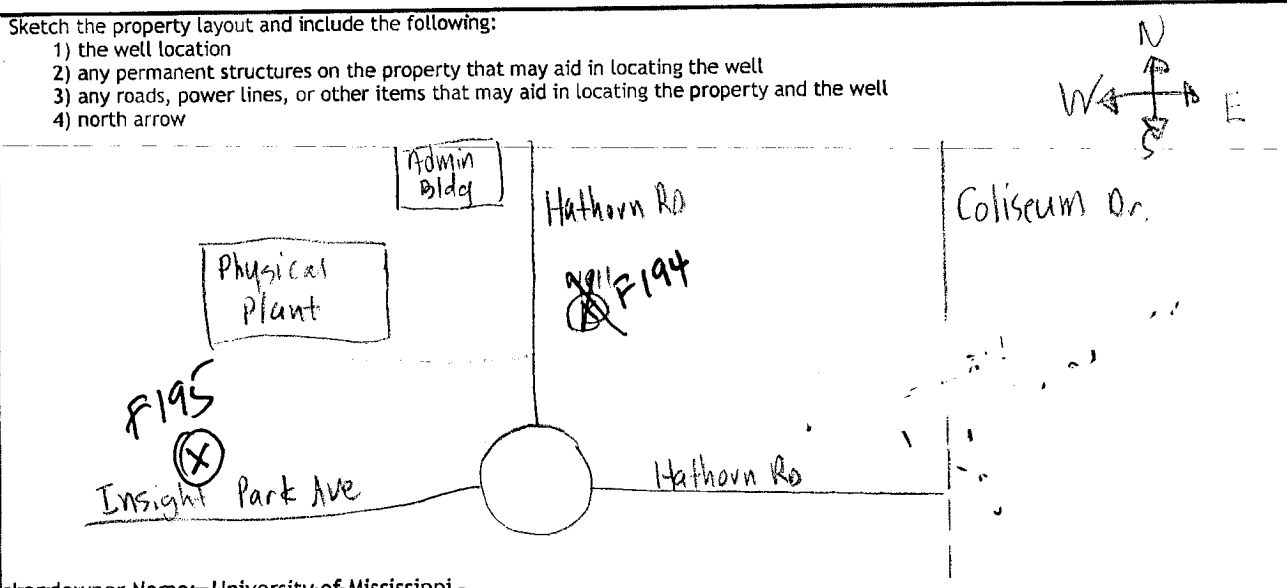
If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil	0	1
Sandy Clay	1	11
Fine Sand	11	35
White Clay	35	40
Fine Sand	40	50
Medium White Sand	50	60
Medium White Sand and Clay	60	100
Medium to Coarse White Sand	100	140
Coarse White Sand and Clay	140	153
Clay	153	157
Coarse White Sand	157	175
Sand and Clay Streaks	175	185
Hard Clay	185	195

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: University of Mississippi

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.

Jace Rawls - 0-4688
 Print Name of Responsible Licensee and License No.

04-10-14
 Date

[Signature]
 Signature of Licensee

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Form: OLWR-SWR-1A (4/13)
 APR 28 2014

BY: OLWR

STATE WELL REPORT

Part 2

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 #: F194
 Aquifer: _____

County: Lafayette
 Permit #: GW16974
 Driller: Rusty North
 Date drilling completed: 11/14/2012

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>University of Mississippi</u>	Latitude: <u>N34°21'³⁵34.57"</u> Longitude: <u>W89°32'51.8"</u>
Mailing Address: <u>P.O. Box 8750</u>	Method of Lat/Long (check one): Conventional Survey, _____
City <u>University</u> State <u>MS</u> ZC <u>38677</u>	USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>662-915-7448</u>	<u>SE</u> ¼ <u>NE</u> ¼, Sec <u>30</u> T <u>8S</u> R <u>3W</u>
	Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 4/8/2013 Rated Pump Capacity: 725 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: 50 Setting Depth: 162' Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 4/10/2013 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 116.25 Feet Below Land Surface Pumping Water Level (B): 156 Feet Below Land Surface

Drawdown [(B) - (A)]: 39.75 Feet Below Land Surface Test Pumping Rate: 725 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: 50 feet

Well yielded 725 GPM with a drawdown of 39.75 feet after 8 hours of pumping

Meter Installation

Meter Manufacturer: Sensus Meter Serial Number: S0924531

Meter Model Number/Name: IP66/67 Type of Meter: Accu Mag

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Electronic

Installation Date: 4/8/2013 Meter installed by: Bob Ratliff

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.*

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

Bob Ratliff 4-16-13 Bob Ratliff APR 23 2013
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form: OLWR-500R-1B (4/13)