

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 #: F195
Aquifer: MUWX
E-Log #: _____

John Barber
4-24-14

County: Lafayette
Permit #: GW 16975
Driller: Rip Collins
Date drilling completed: 8/5/13

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>University of Mississippi</u>	Latitude: <u>N34°21'^{32"}52.8"</u> Longitude: <u>W89°33'02.28"</u>
Mailing Address: <u>P.O. Box 8750</u>	Method of Lat/Long (check one): Conventional Survey, _____ USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City <u>University</u> State <u>MS</u> ZC <u>38677</u>	<u>NE</u> 1/4, Sec <u>30</u> T <u>8S</u> R <u>3W</u>
Telephone No. <u>662-915-7448</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

RPM
4-24-14

Well / Borehole Data	
Date drilling started: <u>7/8/13</u> Date drilling completed: <u>8/5/13</u> Hole depth: <u>200'</u> Hole diameter: <u>29"</u>	
Location of the source of any surface water used for drilling: _____	Fire hydrant at Physical Plant _____
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: <u>103</u> Feet [Above or <input checked="" type="checkbox"/> Below] Land surface Date measured: <u>8/5/13</u>	
<i>(circle one)</i>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape _____ Air line _____ Other (describe): _____	
Well depth: <u>169'</u> Well grouted to a depth of: <u>115</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement _____ Bentonite Mix _____	
Casing length: <u>115</u> Feet Casing diameter: <u>24</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>30</u> Feet Screen diameter: <u>16</u> inches Type of screen: <u>Stainless Steel</u>	
Screen slot size: <u>.030</u> Setting depth: From <u>120</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed _____ Open Hole _____ Natural Development _____	
Other (describe): <u>18" stainless steel lap pipe from ground to 115', 18" x 16" swadge to screen, sst blank 140'-150'</u>	
Top of lap pipe or reduction in casing: <u>Ground level</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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

MSDH # 0360015-08
John Ralph Haynes
MSDH
4-25-14

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APR 23 2014

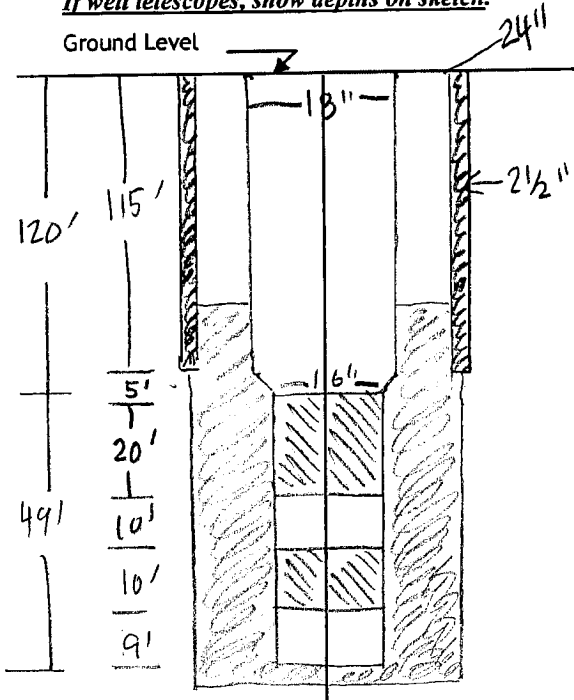
BY: OLWR

County: Lafayette
 Permit #: GW16975

For Office Use Only:
 Well #: F195

The sketch below only required for water wells

If well telescopes, show depths on sketch.

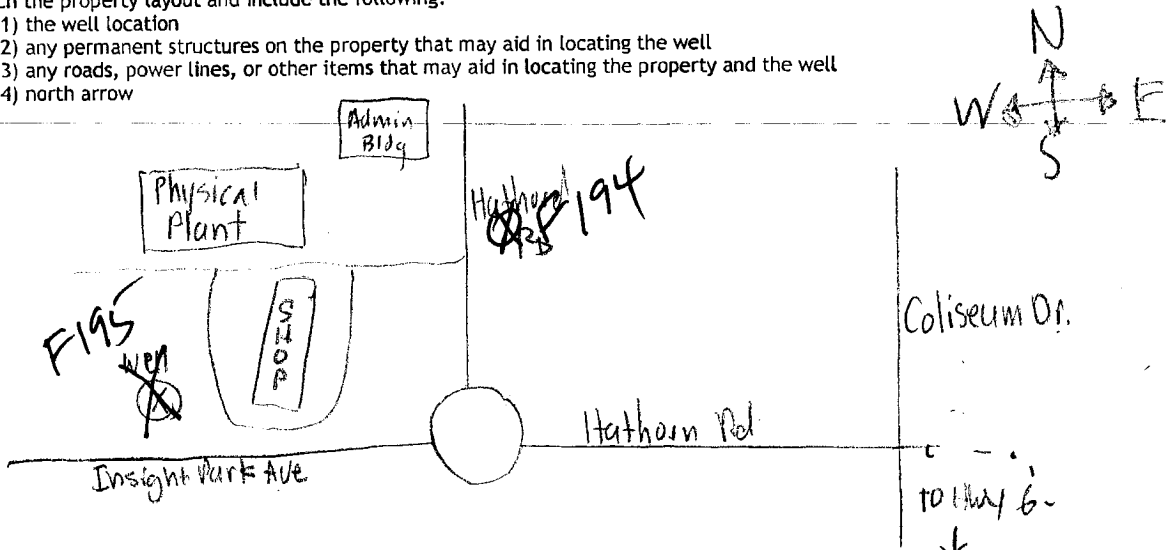


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
White Sand and Clay	0	20
Red Sand and Clay Streaks	20	105
White Sand (medium)	105	140
White Clay	140	150
Coarse Red Sand	150	160
Sand Streaks and Blue Clay	160	200

- 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 04-10-14 Jace Rawls
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 Form: OLWR-SWR-1A (1/12)

APR 23 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 #: F 195
 Aquifer: _____

County: Lafayette
 Permit #: GW 16915
 Driller: Rip Collins
 Date drilling completed: 8/5/13

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°21'³²52.8"</u> Longitude: <u>W89°33'02.2"</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 <u>NW SW NE</u> Hand-held GPS <u>X</u> Survey-grade GPS _____
Telephone No. <u>662-915-7448</u>	Miles <u>30</u> of <u>85</u> (Direction) <u>NE</u> (Nearest Town) <u>SW</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 9/6/2013 Rated Pump Capacity: 797 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: 40 Setting Depth: 160' Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: 9/26/2013 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 104.38 Feet Below Land Surface Pumping Water Level (B): 123.9 Feet Below Land Surface

Drawdown [(B) - (A)]: 19.52 Feet Below Land Surface Test Pumping Rate: 797 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: 45 feet

Well yielded 797 GPM with a drawdown of 19.52 feet after 8 hours of pumping

Meter Installation

Meter Manufacturer: Sensus Meter Serial Number: S0924532

Meter Model Number/Name: IP66/67 Type of Meter: AccuMag

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

Installation Date: 9/15/2013 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 specifications.

For agricultural wells, a list of approved meters is on the MDEQ website.

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APR 23 2014

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

Bob Ratliff 9-16-13 Bob Ratliff

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer