

# 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 #: J88  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Scott Holcomb  
Date drilling completed: 7-4-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jeff Oliphant</u>	Latitude: <u>34°19'56"</u> Longitude: <u>89°40'48"</u>
Mailing Address: _____ <u>245 CR 317</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Oxford MS 38655</u>	<u>SE 1/4 NW 1/4, Sec 1 T 9S R 5W</u>
City State Zip Code	<u>6 Miles West of Oxford</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 832-7463</u>	

Well / Borehole Data	
Date drilling started: <u>7-4-16</u> Date drilling completed: <u>7-4-16</u> Hole depth: <u>220</u> Hole diameter: <u>7 1/4</u>	
Location of the source of any surface water used for drilling: <u>Lake on Property</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>&gt; 5 PPM</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> 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): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input 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 (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>29</u> feet [above or below] land surface (circle one) Date measured: <u>7-5-16</u>	
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>220</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>200</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>220</u> feet to <u>200</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	

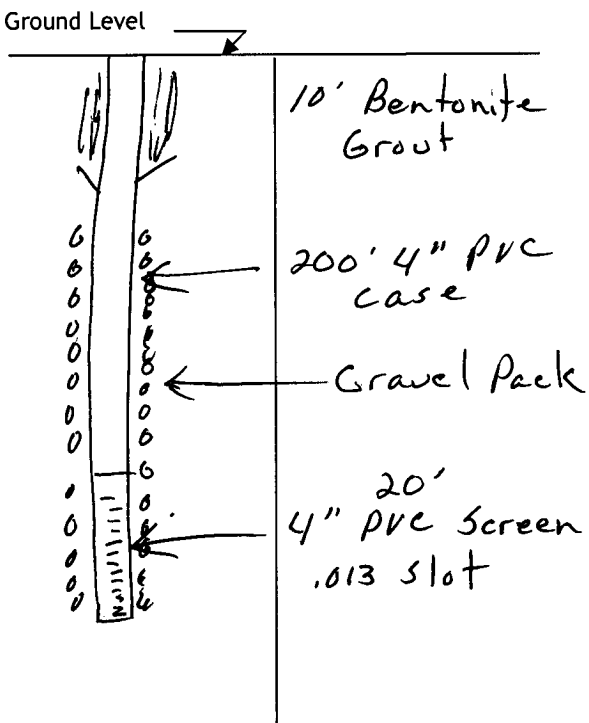
If telescoped or more than one screen, describe on next page

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County: Lafayette  
 Permit #: \_\_\_\_\_

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 Well #: 588

The sketch below only required for water wells  
If well telescopes, show depths on sketch.



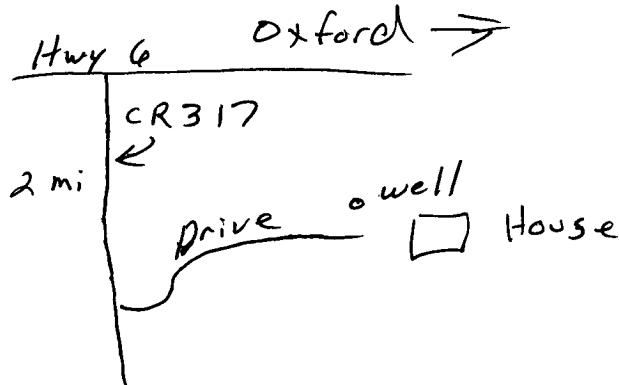
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Clay	Ground level	9
Sand	9	64
Pink Clay	64	66
Sand	66	220

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) north arrow



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Landowner Name: \_\_\_\_\_

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.

Scott Halcomb UNR6593      7-17-16      Scott Halcomb  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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 #: J 88  
Aquifer: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Scott Holcomb  
Date completed: 7-5-16  
*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>Jeff Oliphant</u>	Latitude: <u>34° 19' 56"</u> Longitude: <u>89° 40' 48"</u>
Mailing Address: _____ <u>245 CR 317</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Oxford</u> <u>MS</u> <u>38655</u>	_____/_____/_____, T _____ R _____
City State Zip Code	<u>6</u> Miles <u>West</u> of <u>Oxford</u>
Telephone No. <u>(662) 832-7463</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 7-5-16 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 140 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 7-5-16 Duration of Pump Test (minimum 4 hours): 6 hours  
Static Water Level (A): 29 Feet Below Land Surface Pumping Water Level (B): — Feet Below Land Surface  
Drawdown [(B) - (A)]: — Feet Below Land Surface Test Pumping Rate: 10 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: — feet.  
Well yielded — GPM with a drawdown of — feet after — hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
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.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Scott Holcomb UNR 6593 7-17-16 Scott Holcomb  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
Form: OLWR-SWR-1B (4/15)

Received

JUL 20 2016

OLWR