

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: J 168
Aquifer: _____
E-Log #: _____

County: Clay
Permit #: _____
Driller: Cloudy Drilling
Date drilling completed: 6/26/19

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: <u>Brian Probeck</u>	Latitude: <u>N 33° 31.718</u> Longitude: <u>W 088° 30.078</u>
Mailing Address: <u>10771 Cartoc Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Star Route 2, MS 39759</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>IR ¼ IR ¼, Sec 06 T 17S R 08E</u>
Telephone No. <u>(601) 769-5531</u>	<u>6 1/2 Miles East of W. Point</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6/25/19</u> Date drilling completed: <u>6/26/19</u> Hole depth: <u>150'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>2 1/2 # granular</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): 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 (check 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>19</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6/26/19</u> (check one)
Method of measurement (check 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>150</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>76</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>0.13</u> inches Setting depth: From <u>115</u> feet to <u>135</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> underreamed <input type="checkbox"/> open hole <input type="checkbox"/> Natural Development
Other (describe): <u>Telescoped</u>
Top of lap pipe or reduction in casing: <u>5</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

RECEIVED
SEP 03 2019
BY OLRW

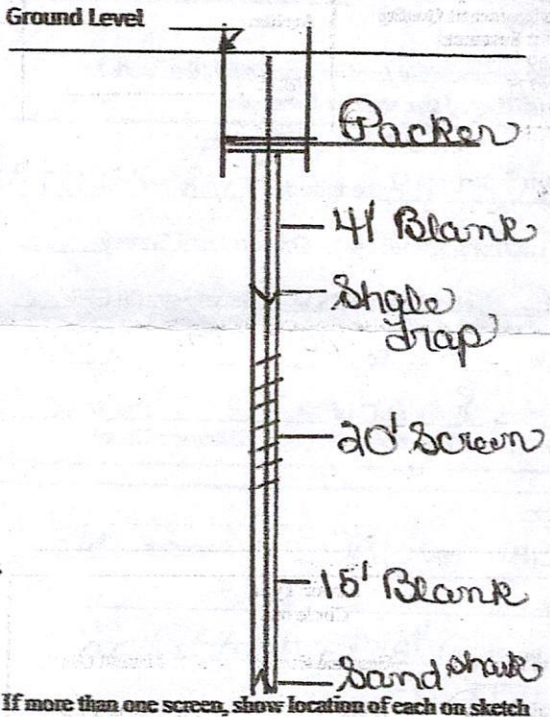
County: Clay
 Permit #: _____

For Office Use Only:
 Well #: 5168

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.

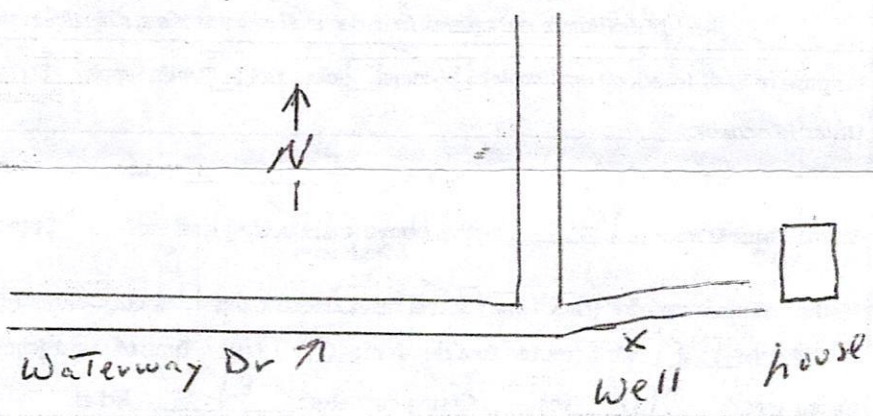


Description of Formations Encountered	From (depth)	To (depth)
Brown sandy clay	Ground level	33
Blue clay	33	52 1/2
Sandy clay	52 1/2	55
Clay	55	61 1/2
Sandy clay	61 1/2	94
Clay	94	96
Sand	96	102
Rock band streak	102	148 1/2
Rock clay	148 1/2	149
Clay	149	150

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) north arrow



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.

Donald Clardy UNR496 8/30/19
 Print Name of Responsible Licensee and License No. Date

[Signature]
 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
 (601)961-5210
 (601)961-5228 (fax)

County: Cory
 Permit #: _____
 Driller: Clardy Drilling
 Date completed: 8/29/19
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 5168
 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>Brian Purvoo</u>	Latitude: <u>N 33° 37.718</u> Longitude: <u>N 88° 30.078</u>
Mailing Address: <u>10771 Cortoc Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Starkville, MS 39759</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>662 769-5531</u>	Distance Direction Nearest Town <u>6 1/2 Miles East of W. Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8/29/19</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/29/19</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Donald B. Clardy UNR 496 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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 SEP 03 2019
 BY OLWR

(PRAIRIE)



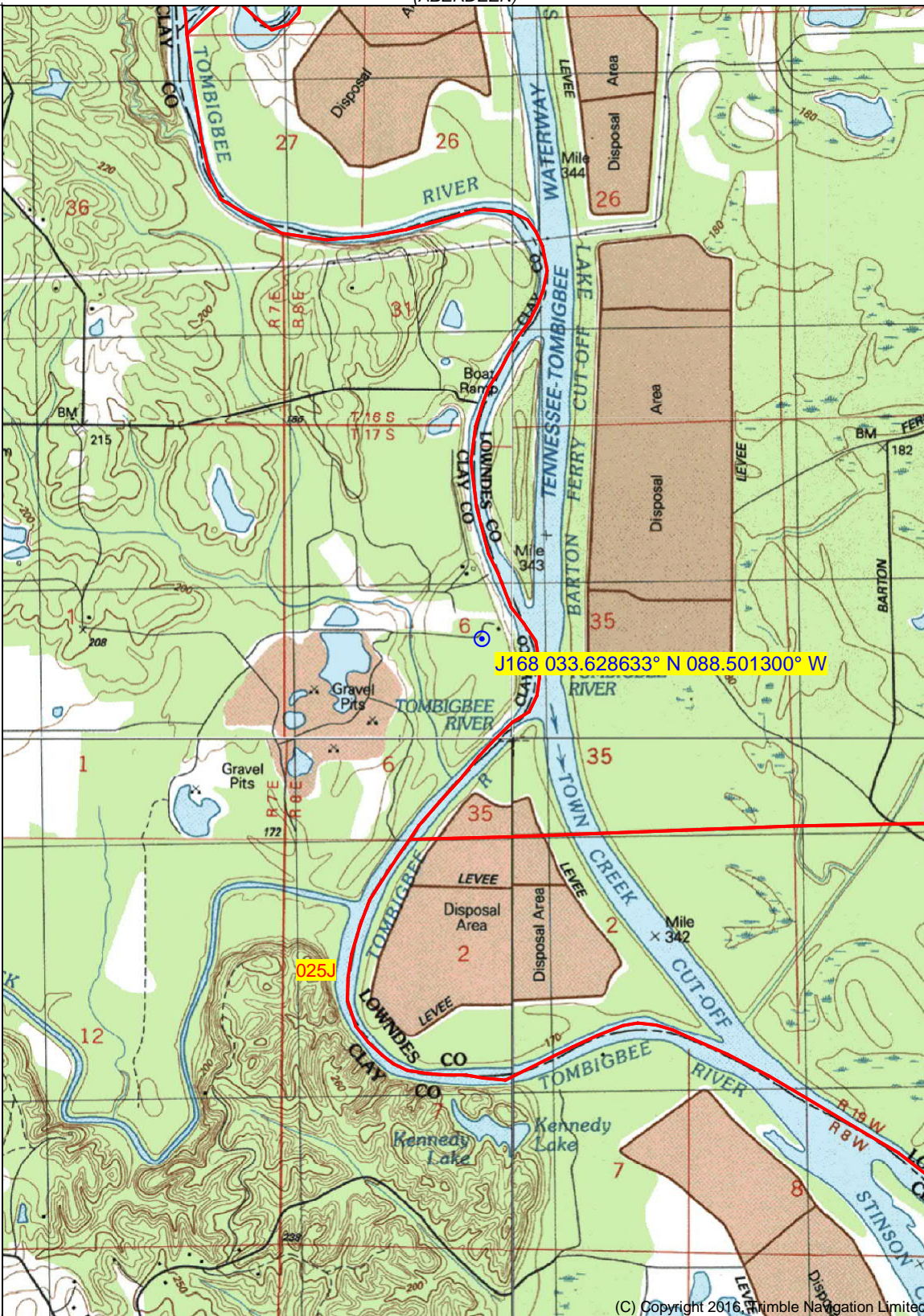
STRONG QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES

(AMORY SW)

088° 31' 18.1465" W
033° 39' 03.8740" N

(ABERDEEN)

088° 28' 56.0101" W
033° 39' 03.8740" N



(MULDON)

(HAMILTON)

J168 033.628633° N 088.501300° W

025J

033° 36' 16.2386" N
088° 31' 18.1465" W

(WAVERLY)

SCALE 1:24000

033° 36' 16.2386" N
088° 28' 56.0101" W

(WEST POINT)

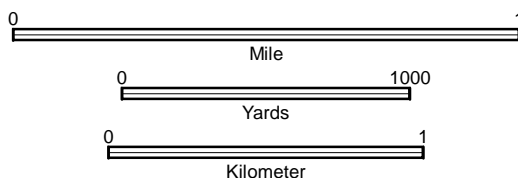
(COLUMBUS NORTH)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 13M N and
4M W

Declination



CONTOUR INTERVAL 10 FT

33088-F5-TM-024
STRONG, MS
JAN 1, 1987

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Printed: Thu Oct 17, 2019

Colbert Male and Female Academy (historical)

Barton Ferry Cutoff

Colbert (historical)

River Oaks Drive

J168 033.628633° N 088.501300° W

River Oaks Road

River Oaks Drive

Sandy Land Road

Town Creek

Town Creek Cutoff