	State Well Report	For Office Use Only:	
County: MArshall	Part 1 – Driller's Log	For Office Use Omy:	
IVIISS	issippi Department of Environmental Quality		
Permit #:	Office of Land and Water Resources P.O. Box 2309	Well #:	
Driller: Jones w. Moson	Jackson, MS 39225	L. S. Elevation:	
Date drilling completed: 2-14-13	(601)961- 5210 (601)961- 5228 (fax)		
		E-log #:	
State Law requires that this report be p	repared by the license holder responsible f	or the work and filed with the	
Department at the above address within	n 30 days of completion of drilling of the w	Borehole Location	
Information on Well Owner (Landowner if borehole is not for a wa		, , ,	
	Latitude: 34°/	50" Longitude: 89° 81 '463"   50	
Owner Name Tim Purvis	Method of Lat/Long (circl	e one): Conventional Survey,	
Mailing Address: 600 Forcesty (	d. 6616 USGS and Hands	neld GPS Survey-grade GPS /	
mas shows. Jem A	SE 1/ NG 1/ See 1	( Twn 45 Rng I W	
Potts CAAP Mi City State	38659 SW SW	6 Twn 45 Rng I w	
•	Zip Code Distance Direction  3 Miles NE	n Nearest Town of Waites	
Telephone No. (662) 316 - 9980			
	Well / Borehole Data		
Date drilling started: 2-14-12 Date drilling of	completed: $\frac{\partial -14 -12}{\partial -14 -12}$ Hole depth: 115	Hole diameter: 6314	
Location of the source of any surface water used	for drilling: NA		
Location of the source of any surface water used Method of dosing and volume of Chlorine used			
Logs run (circle all applicable): No log run Ele Name of organization running log(s):	X	_	
Purpose of borehole (check one): Water Well	Geotechnical/Geological Investigation Gro	ound Source Heat Pump	
Seismic Survey	Other (describe)	is black	
If drilling is not related to wa	ter well construction, skip the remainaer of the		
Purpose of Well (check one): HomeIndustr	ial Public Supply Irrigation Fish Cult	ture Other:	
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level: 83feet above of below (gircle one) land surface Date measured: 3-14-13			
Method of Measurement (circle one) steel tape electric tape air line other: 3+ring lucigul-			
Well depth: Well grouted to a depth of feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 85 feet Casing diameter: feet			
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PUC			
Screen slot size:inches Screen	etting depth: From85feet to		
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 (04/08)

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## The sketch below only required for water wells

If well telescopes,	show	depths	<u>on</u>	<u>sketch</u> .

Ground Level-

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)
class dict	Ground Level	10
Clay dict icd sand white sand Black clay	10	40
white soud	40	110
Block clay	110	115
		<u> </u>

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 pr	operty and the well;
4) a north arrow	•
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Just Dir 10	E
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To knext Roll	
to knext Bridge	
Es Cora Brigge	
6610	
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) ('	
,	
Landowner Name: Tim Purvis	
For	m: OLWR-SWR-1A (04/08

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

Janes US Mosen 0-630

3-7-12

Signature of Licensee

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Print Name of Responsible Licensee and License No.

Date

MAR 0 9 2012

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## STATE WELL REPORT

## Part 2

## County: MArshall Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Permit #: \_

For Office Use Only:		
Aquifer:		
Well #: _	97	
Elevation:		

Date completed: 2-14-4-12	Jackson, MS 39225 (601)961-5210		Well #:	
Copy information from block on Part 1		1-5228 (fax)	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 Informa	tion	Well	Location	
Owner Name: Tim Purvis		Latitude: 34. 72.870 Longitude: 89.31.403		
Mailing Address: 600 forcestry load 6616  (MAP Shows Jim Brown rd)		Method of Lat/Long (check one): Conventional Survey,		
(MAP Shows Jim Borow rd)		USGS quad, Hand-held GPS, Survey-grade GPS		
Potts (Amp MS 38659 City State Zip Code		SE 1/2 NW1/4 Sec 16 T 45 R 1W		
5	p	Distance Direction	Nearest Town	
Telephone No. ( <u>66</u> ) - 316 - 9	086	3 Miles NE of	· waites	
Pump Type		Pow	ver Type	
Circle one			rcle one	
Air Lift Jet	Submersible	Diesel Engine Gasoline	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (s	specify):	
Other (specify):		Horse Power Rating of Motor:	314	
Date Pump Installed:		Setting Depth:feet		
Rated Pump Capacity: l \( \)	Gallons Per Minute	Number of Stages: 8		
Pump Test Date		Mathad of Maa	suring Water Level	
Pump Test Data			rcle one	
Date Well Tested:		Air Line Electric Meas	uring Line Steel Tape	
Static Water Level (A): 83 Feet Below Land Surface		Other (specify): String loveigh		
Pumping Water Level (B): Feet	Below Land Surface	Other (speerly).	Tooling at	
Drawdown [(B) – (A)]: $\nearrow^{\triangle}$ Feet	Below Land Surface	For flowing well, measured shu	ut in head:feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded <u>( )</u>	_	
Duration of Pump Test (minimum 4 hours):	hours	feet after	∂√ hours of pumping	
I UEDEDV CEDTIEV that the above statem	contra area true to the heart of	mu knowledge		

I HEREBY CERTIFY that the above statements are true to the best of	my knowledge.	
Janes W. Moson 0-620	Jan W. Major	RECEIVED
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	Form: OLV	VR-SMAR B (94/2012

BY: OLWR