

County: Coahoma  
 Permit #: GW-48581  
 Driller: Joel Jumper  
 Date drilling completed: 12-5-14

**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  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B 88  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>McKee Brothers Trust</u>	Latitude: <u>34° 21' 06"</u> Longitude: <u>0° 37' 00"</u>
Mailing Address: <u>PO Box 171133</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Memphis TN 38187</u>	USGS quad: <u>SE 1/4 SW 1/4 Sec 28 Twn 29N Rng 04W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>SE</u> of Nearest Town: <u>Friars Point</u>
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 12-5-14 Date drilling completed: 12-5-14 Hole depth: 117 Hole diameter: 28in

Location of the source of any surface water used for drilling: Nearest Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 12-6-14

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 feet

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*

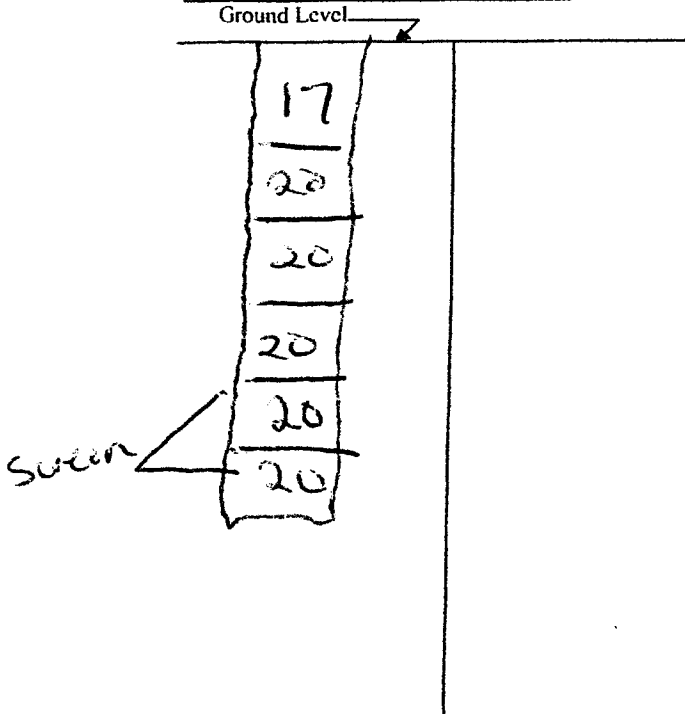
Form: OLWR-SWR-1A (04/08)

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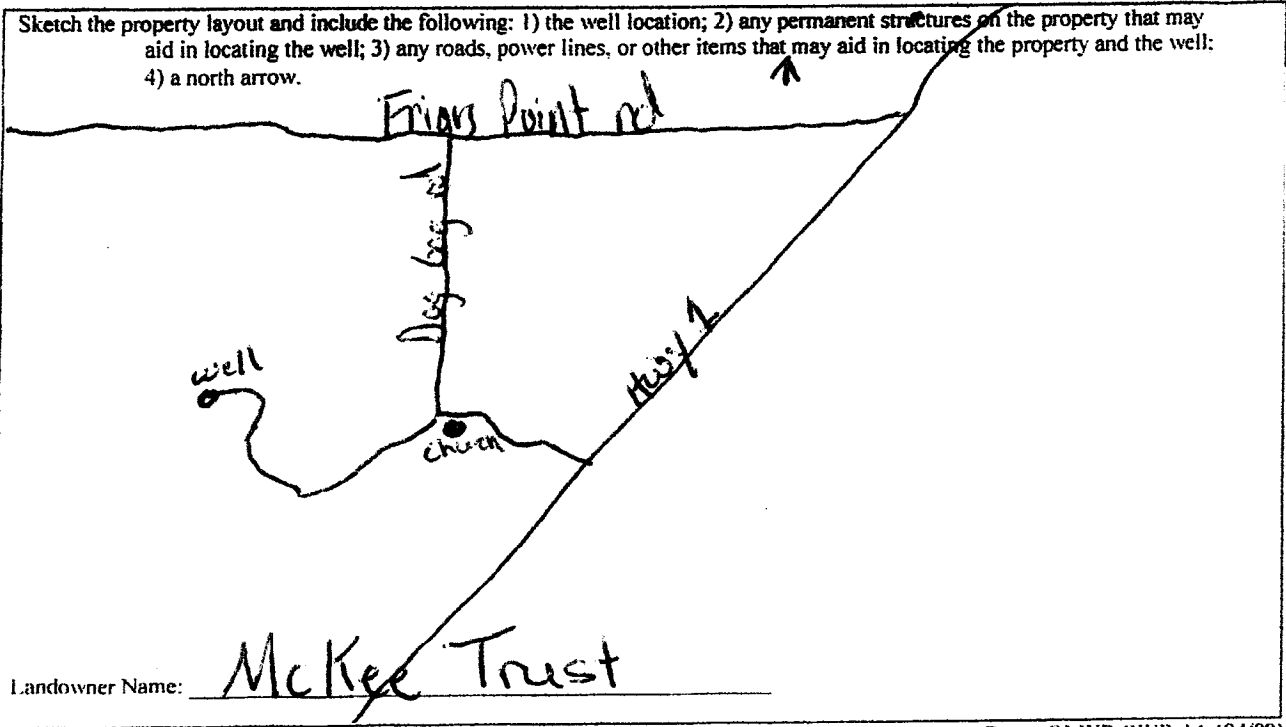
The sketch below only required for water wells  
 If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells with boreholes unless specifically exempted by regulation.

Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	20
sand	20	40
sand	40	60
Coarse sand	60	80
Coarse sand	80	100
gravel	100	117

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



Form: OI.WR-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 laws.

Joel Jumper S317 12-5-14  
 Print Name of Responsible Licensee and License No.      Date

Joel Jumper  
 Signature of Licensee

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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 #: \_\_\_\_\_

Aquifer: \_\_\_\_\_

County: COAHOMA
Permit #: GW-48581
Name: JOEL JUMPER
Completed: 12-5-14
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: McKee Brothers Trust, 5872 Ridgebend Rd, Memphis TN 38120, (901) 485-1309
Well Location: Latitude: 34° 21' 06" Longitude: 90° 37' 00"
Method of Lat/Long: Conventional Survey
USGS quad: SE 1/4 SW 1/4, Sec 28 T 29N R 04W
1 1/4 Miles SE of Friars Point

Pump Type (circle one): Turbine
Submersible Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 12-8-14 Rated Pump Capacity: 3000 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one): Diesel
Electric Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested: Duration of Pump Test (minimum 4 hours):
Static Water Level (A): 17 Feet Below Land Surface Pumping Water Level (B):
Drawdown [(B) - (A)]: Test Pumping Rate:
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.
DAVID P. HOLT 0-752P 12-18-14
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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14-0833