

### 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 39275-2309  
 (601)961-5210  
 (601)360-0535 (fax)

#### For Office Use Only:

Well #: ALCS  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Quitman  
 Permit #: GW-48854  
 Driller: Clarence M. Murry  
 Date drilling completed: 4-30-15

*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>JWB, MS, LLC</u>	Latitude: <u>34° 26' 19"</u> Longitude: <u>90° 15' 58"</u>
Mailing Address: <u>4424 Carolina Hwy</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Denmark</u> <u>SC</u> <u>29042</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4, Sec 33 T 07S R10W</u>
Telephone No. <u>(662) 347-8090</u>	<u>2.6</u> Miles <u>NW</u> of <u>Sledge</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4-30-15 Date drilling completed: 4-30-15 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled water from nearby 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 (circle 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 (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 19 feet (above or below land surface) (circle one) Date measured: 5-1-15

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 125 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

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

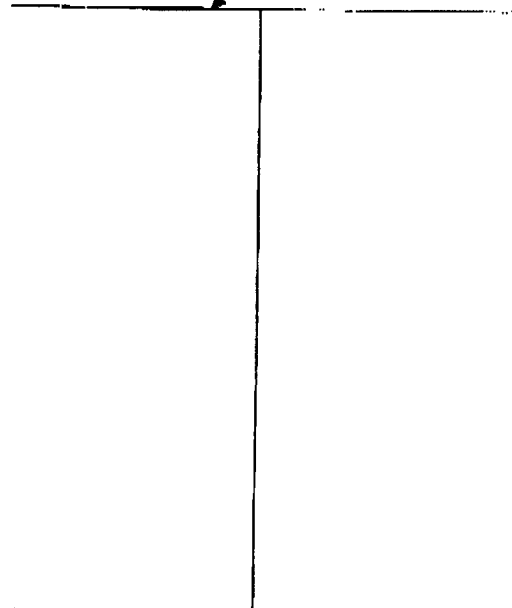
County <u>Quitman</u>
Permit #: <u>GW-48854</u>

For Office Use Only: Well #: <u>A105</u>
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

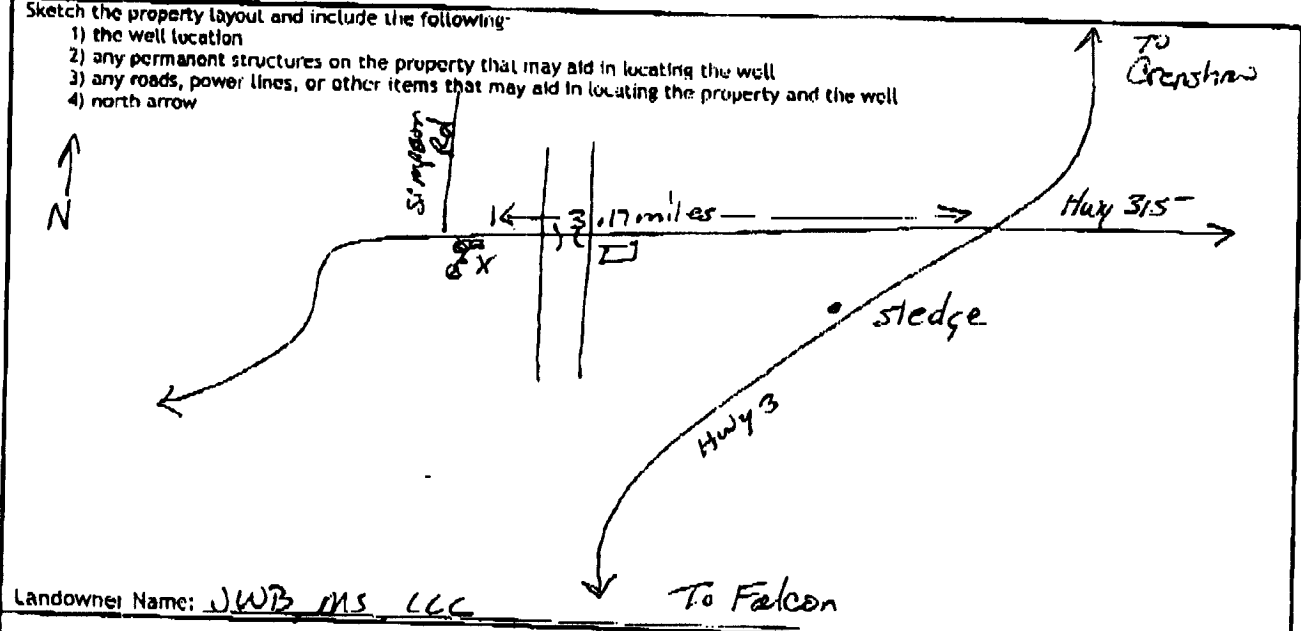
Ground Level →



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)
Clay	Ground level	19
Fine Sand	19	21
Medium Sand & pea gravel	21	28
Fine Sand & pea gravel	28	30
Medium/Course Sand & Pea Gravel	30	69
Course Sand & Gravel	69	119
Medium Sand	119	123
Medium Sand & Clay	123	125

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



Landowner Name: JWB MS LLC

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.

Clayton Miller 0-703      5-11-15      Clayton Miller  
 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 # H105  
 Aquifer: \_\_\_\_\_

County: Quitman  
 Permit #: GW-48854  
 Driller: John R. Bolt IV  
 Date completed: 5-1-15  
 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>JWB, MS, LLC</u>		Latitude:	<u>34°26'19"</u> Longitude: <u>90°15'58"</u>
Mailing Address:	<u>4724 Cardozo Hwy</u>		Method of Lat/Long (check one):	Conventional Survey _____
	<u>Denmark</u>	<u>SC</u>	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City	State	Zip Code	<u>NW 1/4 NW 1/4, Sec 33 T. 07S R. 10W</u>	
Telephone No. ( <u>662</u> )	<u>247-8090</u>		<u>2.6</u> Miles <u>NW</u> of <u>Sledge</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5-1-15 Rated Pump Capacity: \_\_\_\_\_ 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): Gear Drive  
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours  
 Static Water Level (A): 19 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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** N/A  
 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.  
Clayton Miller 0-703 5-11-15 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer