

State Well Report

Part I - 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: E 82
Well #:
L. S. Elevation:
E-log #:

County: Quitman
Permit #: 46500
Driller: Bel Jumper
Date drilling completed: 7-2-13

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)
Owner Name: Markes Duck Club
Mailing Address: 1114 Seventeenth Avenue South, Suite 205 Nashville TN 37212
Well or Borehole Location
Latitude: 34° 18' 40" Longitude: 90° 20' 33"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 07 Twn 25N Rng 01W
Distance 3 Miles Direction E of Nearest Town Belen

Well / Borehole Data
Date drilling started: 7-2-13 Date drilling completed: 7-2-13 Hole depth: 110 Hole diameter: 2.5in
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 [checked] 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

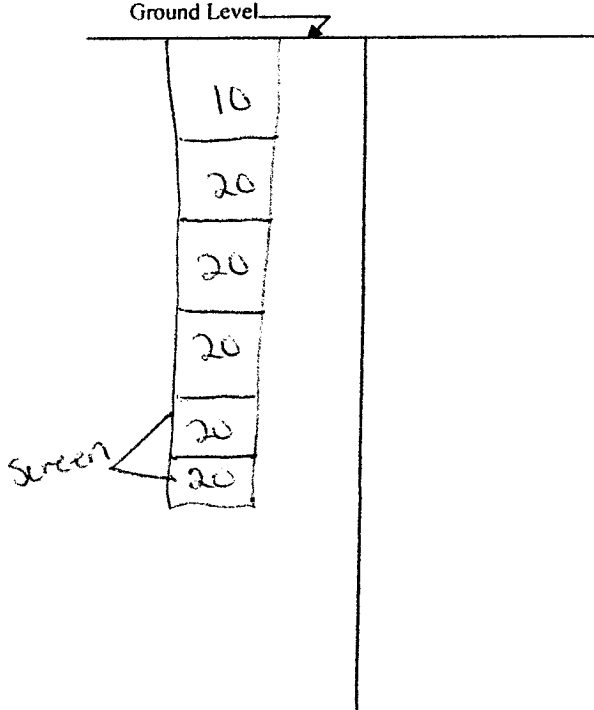
Purpose of Well (check one): Home Industrial Public Supply Irrigation [checked] Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 15 feet above or below (circle one) land surface Date measured: 7-2-13
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 70 feet Casing diameter: 1 1/2 inches Type of casing: pvc
Screen length: 40 feet Screen diameter: 1 1/2 inches Type of screen: pvc
Screen slot size: 0.50 inches Setting depth: From 70 feet to 110 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-1A(0406)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

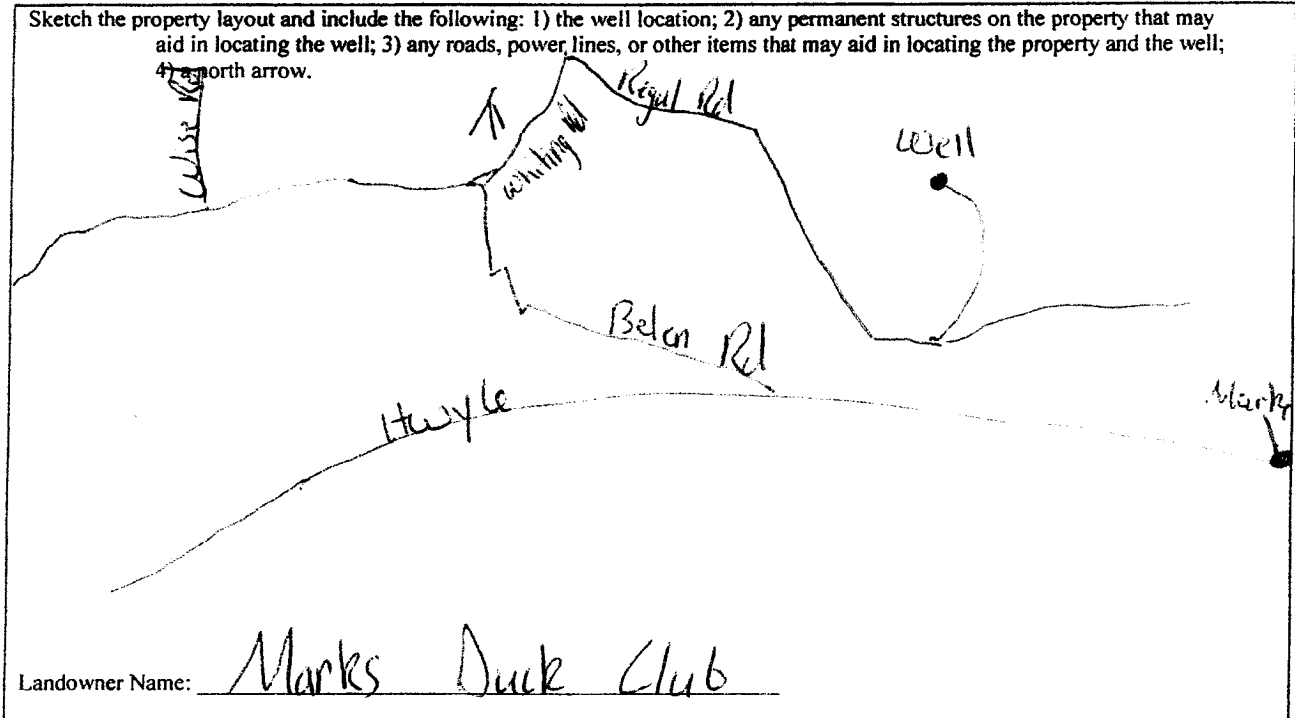


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
sand	20	40
course sand	40	60
course sand	60	80
sand + gravel	80	100
sand + gravel	100	110

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) a north arrow.



Form: 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 laws.

Joel Jumper      5317      7-5-13  
 Print Name of Responsible Licensee and License No.      Date

Joel Jumper      RECEIVED  
 Signature of Licensee      JUL 31 2013

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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 #: ES2

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

County: QUITMAN  
 Permit #: GW-46800  
 Driller: JOEL JUMPER  
 Date completed: 7-2-13  
 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>MARES DUCK CLUB</u>	Latitude: <u>34° 18.40"</u> Longitude: <u>90° 20.33"</u>
Mailing Address: <u>1114 17th AVE S</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>NASHVILLE</u> <u>TN</u> <u>37212</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>07</u> T. <u>28N</u> R. <u>01W</u>
City State Zip Code	<u>5</u> Miles <u>NW</u> of <u>MARES</u>
Telephone No. <u>(601) 327-4624</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 7-4-13 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ 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: N/A Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

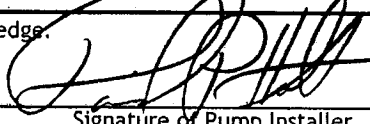
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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 7-25-13 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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