

#1529

County: Quitman
 Permit #: GW-45694 /
 Driller: Clarence McMurray
 Date drilling completed: 1-31-12

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: L 25
 Well #: _____
 U.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>J. W. B., MS, LLC</u>	Latitude: <u>N34° 06' 17.6"</u> Longitude: <u>W90° 18' 32.42"</u>
Mailing Address: <u>4424 Carolina Highway</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Denmark SC 29042</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 21</u> <u>Twn 26N</u> <u>Rng 16W</u>
Telephone No. <u>(662) 347-8090</u>	Distance <u>3.2</u> Miles Direction <u>NE</u> of Nearest Town <u>VANCE</u>
Well / Borehole Data	
Date drilling started: <u>1-31-12</u> Date drilling completed: <u>1-31-12</u> Hole depth: <u>126'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>nearby ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>26</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>2-11-12</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe) _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screens, describe on next page</i>	

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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
 (601)961-5210
 (601)961-5728 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L75
 Elevation: _____

County: Quitman
 Permit #: SW-45694
 Driller: John Rybolt IV
 Date completed: 2-11-12
 Govt 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

Owner Name: J.W.B. MS LLC
 Mailing Address: 4424 Caroline Highway
Denmark SC 29042
 City State Zip Code
 Telephone No. (662) 377-8090

Well Location

Latitude: N34°06'17.60" Longitude: W90°18'32.42"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 21 T26N R1W
 Distance Direction Nearest Town
3.2 Miles N/E of VANCE
 Well #1

Pump Type
 Circle one

Air Lift Jet Submersible
 Bucket Piston Periscope
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 2-11-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): Gear Drive
 Horse Power Rating of Motor: 80
 Setting Depth: 80 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 26 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
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
 Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer