

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: B 146
Aquifer: _____
E-Log #: _____

County: Sharkey
Permit #: GW-46374
Driller: Clarence McMurry
Date drilling completed: 10-30-12

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.

#1700 Well Owner Information well #4 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>JWB, MRS, LLC</u>	Latitude: <u>33° 04' 55" N</u> Longitude: <u>90° 41' 15" W</u>
Mailing Address: <u>4424 Carolina Hwy</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Denmark</u> State: <u>SC</u> Zip Code: <u>29042</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>02</u> T <u>14N</u> R <u>05W</u>
Telephone No. (Vol 2) <u>347-8090</u>	<u>10.66</u> Miles <u>W</u> of <u>Silver City</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>10-30-12</u>	Date drilling completed: <u>10-30-12</u> Hole depth: <u>127'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Ditch 1/2 mile AWAY</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>19</u> feet [above or below] land surface (circle one) Date measured: <u>5-20-13</u>	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>127'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Heat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>72</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>55</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>72</u> feet to <u>127</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	

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

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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: Sharkey
 Permit #: GW-46374
 Driller: John Rybolt IV
 Date completed: 5-20-13
 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>JWB, MS, LLC</u>	Latitude: <u>33° 4' 55.16" N</u> Longitude: <u>90° 41' 06.51" W</u>
Mailing Address: <u>4424 Carolina Hwy</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Denmark</u> <u>SC</u> <u>29042</u>	<u>SW 1/4 SW 1/4, Sec 02 T 14N R 05W</u>
City State Zip Code	<u>10.66</u> Miles <u>W</u> of <u>Silver City</u>
Telephone No. <u>(662) 347-8050</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-20-13 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): _____
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 2

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): N/A

Pump Test Data for Flowing Well N/A

Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 12-05263
 Meter Model Number/Name: MD310 Type of Meter: Propeller saddle
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x gal
 Installation Date: 5-24-13 Meter installed by: Mid-South Water Machine Works LLC
 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 6-17-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)
JUN 19 2013

BY: OLWR