

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 #: B149
Aquifer: _____
E-Log #: _____

County: Sherkey
Permit #: GW-47159
Driller: Richard Foster
Date drilling completed: 7-31-13

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.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>JWB, MS, LLC</u>			Latitude: <u>33° 04' 02.23"</u> Longitude: <u>90° 40' 59.45"</u>		
Mailing Address: <u>4424 Carolina Hwy</u>			Method of Lat/Long (check one): Conventional Survey _____,		
City: <u>Denmark</u> State: <u>SC</u> Zip Code: <u>29042</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. <u>(602) 347-8090</u>			<u>NW</u> 1/4 <u>NE</u> 1/4, Sec <u>14</u> T <u>14N</u> R <u>05W</u>		
			<u>6.5</u> miles <u>East</u> of <u>Delta City</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 7-31-13 Date drilling completed: 7-31-13 Hole depth: 127' Hole diameter: 26"

Location of the source of any surface water used for drilling: 2 Ditches nearby

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): ~~None~~ 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) N/A

Static Water Level: 21 feet (above or ~~below~~ land surface (circle one)) Date measured: 8-1-13

Method of measurement (circle one): Steel tape ~~Electric tape~~ Air line Other (describe): _____

Well depth: 127' Well grouted to a depth of: 10 feet Type of grout (circle one): ~~Neat Cement~~ Bentonite Mix

Casing length: 27 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .05-0 inches Setting depth: From 27 feet to 127 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

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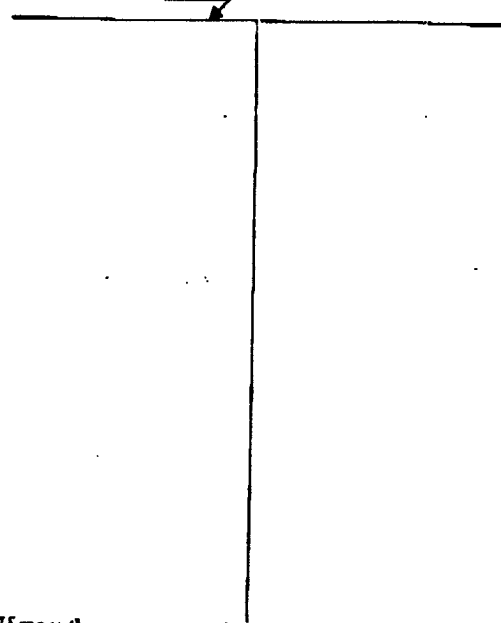
County: Shackelford
 Permit #: SW-47159

For Office Use Only:
 Well #: B149

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



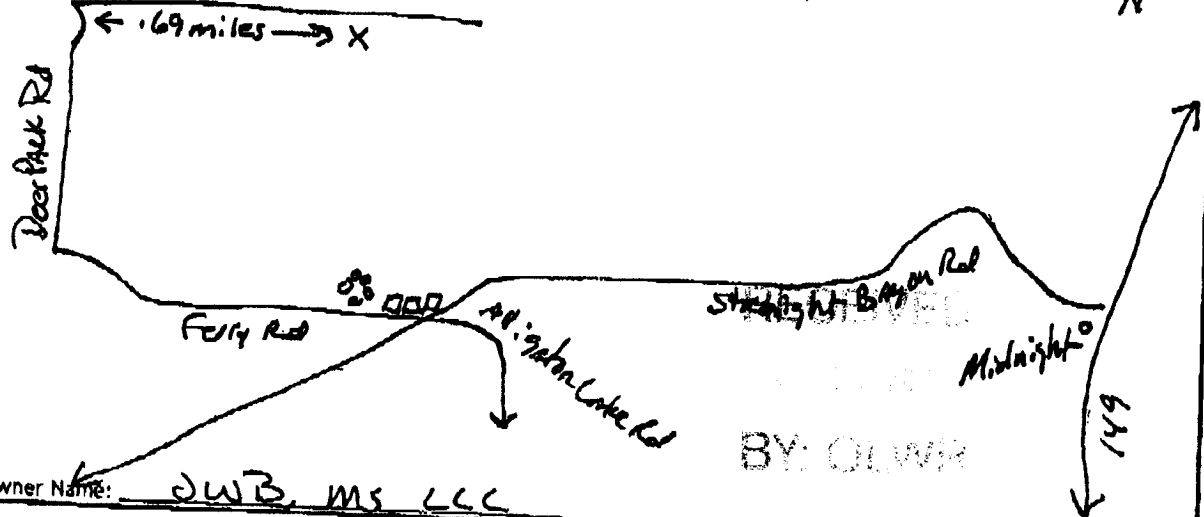
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	21
Clay & Medium Sand	21	30
Medium / Coarse Sand ?	30	75
<i>per gravel</i>		
Medium / Coarse Sand ?	75	101
Medium / Coarse Sand ?	101	109
<i>per gravel</i>		
Coarse Sand & Gravel	109	127

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) north arrow



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 9-10-13 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 #: 3149

Aquifer: _____

County: Shackelford
 Permit #: GW-47159
 Driller: Michael Wells
 Date completed: 8-1-13
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>JWSB MS, LLC</u>	Latitude: <u>33° 04' 02.23"</u>	Longitude: <u>90° 40' 59.45"</u>	
Mailing Address: <u>4424 Carolina Hwy</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Denmark</u> City	<u>SC</u> State	<u>29042</u> Zip Code	<u>NW 1/4 NE 1/4, Sec 14 T 14N R 05W</u>
Telephone No. <u>(662) 347-8090</u>	<u>6.5</u> Miles (Distance)	<u>East</u> (Direction)	of <u>Delta City</u> (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-1-13 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): 21 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

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