

### 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 #: B150  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Sharkey  
 Permit #: GW-46524 ✓  
 Driller: Richard Foster  
 Date drilling completed: 8-1-13

*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.*

<b>1855 Well Owner Information</b> (Landowner if borehole is not for a water well)			<b>Well or Borehole Location</b>		
Owner Name: <u>JWB, MR, LLC</u>			Latitude: <u>33° 01' 02.05"</u> Longitude: <u>90° 41' 22.10"</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> City State Zip Code			USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
Telephone No. <u>(602) 347-8090</u>			<u>NW 1/4 NW 1/4, Sec 14 T 14N R 05W</u>		
			<u>6.2</u> Miles <u>East</u> of <u>Delta City</u> (Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 8-1-13 Date drilling completed: 8-1-13 Hole depth: 127' Hole diameter: 26"

Location of the source of any surface water used for drilling: ditch 1 1/2 miles away

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) N/A

Static Water Level: 22 feet (above or below) land surface Date measured: 8-2-13  
 (circle one)

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: 72 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 55 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 72 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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### 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 #: B15C

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

County: Shackelford  
 Permit #: GW-46524  
 Driller: Michael Wells  
 Date completed: 8-2-13  
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>JWB MS, LLC</u>		Latitude:	<u>33° 04' 02.05"</u>	
Mailing Address:	<u>4424 Carolina Hwy</u>		Longitude:	<u>90° 41' 22.10"</u>	
	<u>Denmark</u>	<u>SC</u>	Method of Lat/Long (check one): Conventional Survey _____		
City	State	Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
Telephone No. ( <u>662</u> ) <u>347-8090</u>			<u>NW 1/4 NW 1/4, Sec 14 T14N R05W</u>		
			<u>6.2</u> Miles <u>East</u> of <u>Delta City</u>		
			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**

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

Date Pump Installed: 8-2-13 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: NO TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 22 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**

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 9-10-13 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 9/10/13  
 11:45  
 3240