County: SHARKEY
Permit #: GW - 47489 /
Driller: J. NEWCOME 0.773
Date drilling completed: 7.8.13

STATE WELL REPORT Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309

ackson, MS 39225-230 (601)961-5210 (601)360-0535 (fax)

For Office Use Only:				
Well #:	B167			
Aquifer:				
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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location				
Owner Name: JC+K Holdings, LLC	Latitude: 33 01 10 Longitude: 090 43 59"				
Mailing Address: P.O. Box 35	Method of Lat/Long (check one): Conventional Survey,				
Mailing Address: 1.0. 032 33	USGS quad, Hand-held GPS Survey-grade GPS				
1 W 3500 3	NW 1 NE 14, Sec 32 T 14N R OSW				
Ayon MS 38723 City State Zip Code	6 Miles N.E. of ANGUILLA				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
	Forehole Data				
Date drilling started: 7.8.13 Date drilling completed	7.8.13 Hole depth: 122 Hole diameter: 24				
Location of the source of any surface water used for drilli	ng: DITCH				
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLES					
Logs run (circle all applicable): No log run Electric Gamı					
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 o	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)				
Static Water Level:feet [above or below (circle one)	w] land surface Date measured:				
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):				
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 6 feet Casing diameter:	inches Type of casing: P.V.C.				
Screen length: Hofeet Screen diameter: _	inches Type of screen: $\frac{P.V.S.}{Q}$				
Screen slot size: 1050 inches Setting depth	i				
Type of completion (circle all applicable). Gravel packet	Underreamed Open hole Natural Dev Transfer				
Other (describe):	ASS ST VI				
Top of lap pipe or reduction in casing:feet	I				
If telescoped or more than one screen, describe on next page Form: SLMR-SWRAL NATIONAL STREET					

County: Shourkey		F	or Office Use	Only:
Permit #:		Well #:	13167	77
The sketch below only required for water wells	Description of formation	S encountere	d must he provide	d for all w
If well telescopes, show depths on sketch.	and boreholes, unless spe	cifically exer	npted by regulation	ens
Ground Level	Description of Formations E		From (depth)	
	TOP SOIL	- COUNTER CO	Ground level	To (depth
1	CLAY		10	30
	FINESHID	·	30	8
	MEDIUM SAND		60	70
100-	MEDITIN COASSE	SHOWD	70	ଞ ୍ଚ
1 Wif	COARSE PERBUT		80	120
16"CASINE	BOTON		120	122
I TO CHOINE				
		<u> </u>	<u> </u>	
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16 5em				
110 5000		·		
y 10 Scheen				
-				** ***********************************
*				
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 were	d in locating the well			
any roads, power lines, or other items that may aid in north arrow	locating the property and the we	ell		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	$\mathcal{M}_{\bullet, \Delta}$			
SEE	11179			
			•	
und				
andown an Name				
andowner Name:				
HEREBY CERTIFY that the well/borehole was drilled, co equirements of the Mississippi Department of Environme applicable, and state laws.	instructed, and completed in ental Quality and the Mississip	accordance opi Departme	with all applicablent of Health regi	e Ilations
JOHN NEWCOME 0.773 7	·8·2013 dd			
rint Name of Responsible Licensee and License No.	Date Date	<u> </u>		
110.	Ducc	Signature o	t Licensee	
	Y		Form: OLWR-SWF	l-1A (4/13)

STATE WELL REPORT

County: 5 Driller: 1 Date completed: Copy information from block on Part 1

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 #:	B167			
Aquifer:				

This part of the report must be completed by a licensed water of the report must be attached and both parts filed with the D	well contractor or a licensed pump installer. A copy of Part 1 epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: JK+K Holdings, LLC	Latitude: 33° 01′ 10″ Longitude: 90° 43′ 59″			
Mailing Address: P.O. Bax 35	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
August 2 State Zip Code	NW 1/2 DE 1/4, Sec 32 T 14N ROSW			
Telephone No. ()	(Distance) (Direction) Of Anguilla (Nearest Town)			
	pe (circle one)			
	Jet Piston Rotary Other (describe):			
	Rated Pump Capacity: 3000 Gallons Per Minute			
Is This Pump (circle one): New Repaired Replaceme	nt			
Power Type (circle one)				
Electric Dieset Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: 60 Setting Dep	th: / D feet Number of Stages:			
Pump Test Data for Non Flowing Well				
Date Well Tested: hours Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Su	rface 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. O o				
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer:	Meter Serial Number:			
Meter Model Number/Name: O METER 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 Replacen				
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.			
11 11 1 1 1 201 0				

8-13-13 Signature of Pump installer Print Name of Pump Installer and License No. (if applicable) Date

Form: OLWR-SWR-2A (4/13)