

### State Well Report

#### Part 1 - 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)

County: Washington  
 Permit #: GW-44620  
 Driller: Clarence McMurry  
 Date drilling completed: 3-7-11

For Office Use Only:  
 Aquifer: J105  
 Well #: \_\_\_\_\_  
 L. 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>N33° 21' 15.3"</u> Longitude: <u>W90° 50' 46.09"</u>
Mailing Address: <u>90 Terry Orlicek</u> <u>86 Lake Cynthia Dr.</u> <u>Blackville SC 29817</u> City State Zip Code	Method of Int/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(803) 254-2246</u>	NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>5</u> Twn <u>17N</u> Rng <u>6W</u>
	Distance <u>4.6</u> Miles Direction <u>SE</u> of Nearest Town <u>Leland</u>

**Well / Borehole Data**

Date drilling started: 3-7-11 Date drilling completed: 3-7-11 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch

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 (check 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 (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) N/A

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 3-8-11

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 125' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 25 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

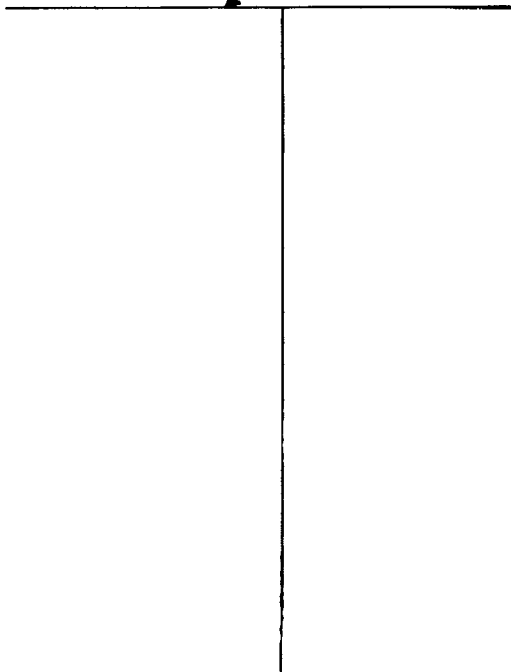
J105

The sketch below only required for water wells.

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

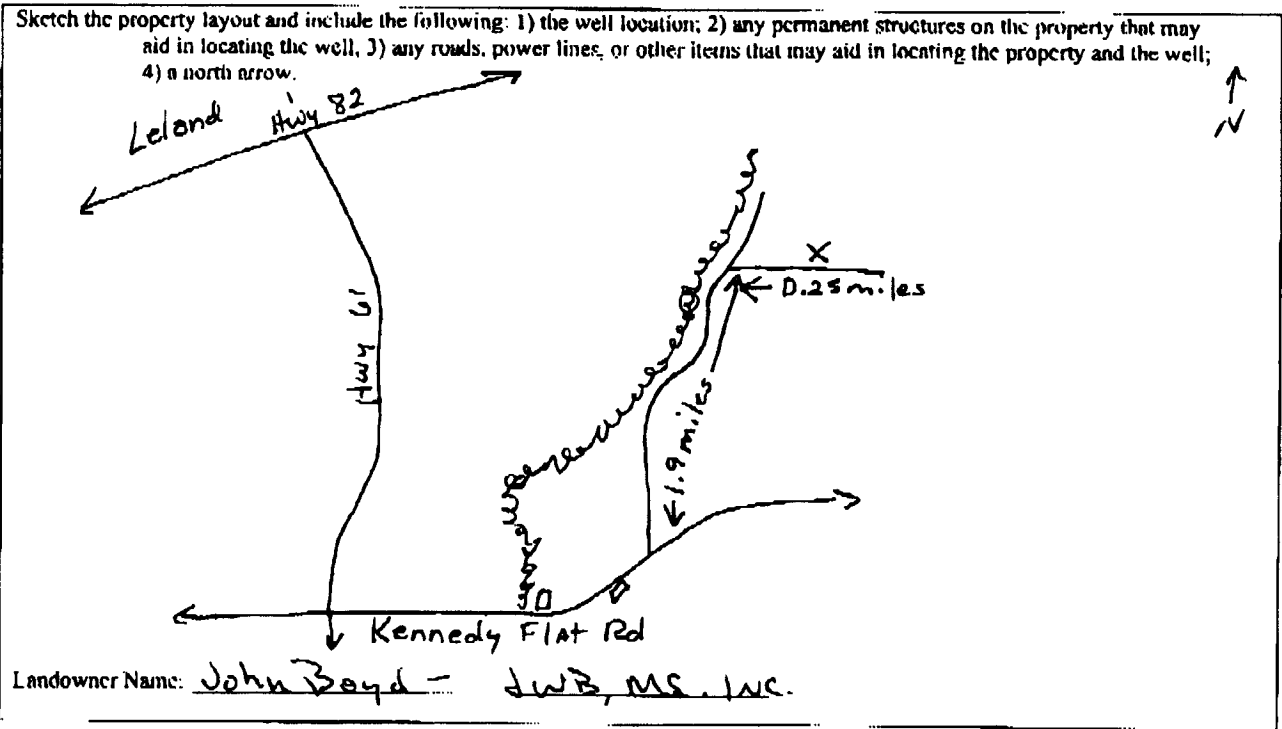
If well telescopes, show depths on sketch.

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	17
Fine Sand	17	22
Medium Sand & Pea Gravel	22	60
Medium/Coarse Sand & Pea Gravel	60	67
Fine Sand	67	73
Medium Sand	73	76
Medium/Coarse Sand & Pea Gravel	76	106
Coarse Sand & Pea Gravel	106	120
Medium Sand	120	125

If more than one screen, show location of each on sketch



Form: OI.WR-SWR-1A (04/08)

I 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      3-8-11      Clayton Miller  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

County: Washington  
 Permit #: GW-44620  
 Driller: John Rybolt, IV  
 Date completed: 3-8-11  
Copy information from block on Part 1.

**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)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*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>J.W.B., MS, Inc.</u>	Latitude: <u>N 32° 21' 15.36"</u> Longitude: <u>W 90° 50' 46.05"</u>
Mailing Address: <u>% Terry Orlick</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>56 Lake Cynthia Dr</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Blacksville SC 29817</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>17N</u> R <u>06W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(803) 254-2246</u>	<u>4.6</u> Miles <u>SE</u> of <u>LELANO</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor <u>60</u>
Date Pump Installed: <u>3-8-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>23'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

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