County: George

Permit #:

Driller: Michael S. Havard

Date drilling completed: 11-16-07

# State Well Report

## Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

**For Office Use Only:**

Aquifer:

Well #: C-147

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)***

Owner Name: Brandon Eubanks

Mailing Address: 122 Rolling Woods

Lucedale MS 39452
City State Zip Code

Telephone No. (601) 673-0096

**Well or Borehole Location**

Latitude: 30 ° 55 ' ~~587~~ 35 " Longitude: 88 ° 31 ~~965~~ 58 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS

SE ¼ SE ¼ Sec 25 Twn T1S Rng R6W

Distance 2 Miles Direction East of Nearest Town Lucedale

**Well / Borehole Data**

Date drilling started: 11-15-07 Date drilling completed: 11-16-07 Hole depth: 325 Hole diameter: 7 1/4

Location of the source of any surface water used for drilling:
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)

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 11-19-07

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

Well depth: 325 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 315 feet Casing diameter: 4 inches Type of casing: PVC S40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC WOP

Screen slot size: .006 inches Setting depth: From 315 feet to 325 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: _____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A

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C-147

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***

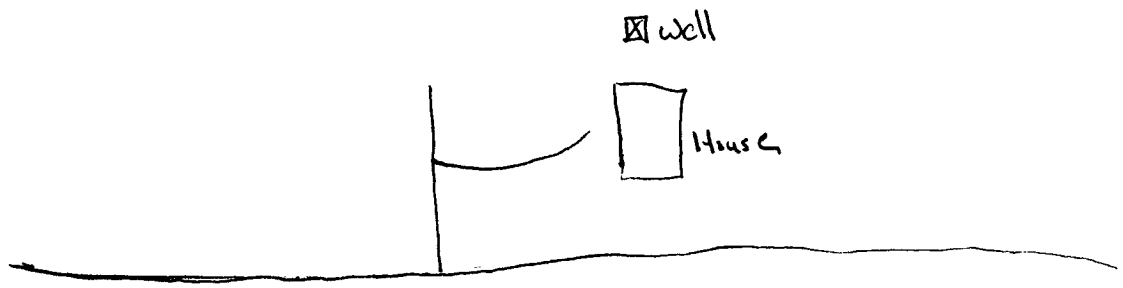
Ground Level

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

***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) |
|---|---|---|
| | Ground Level | |
| Top-Sand | 0 | 3 |
| Sand (med-coarse) | 3 | 38 |
| Clay | 38 | 80 |
| Sand (med) | 80 | 86 |
| Clay | 86 | 235 |
| silt | 235 | 265 |
| Clay | 265 | 280 |
| Strips of Clay & Silt | 280 | 295 |
| Sand (med) | 295 | 325 |

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) a north arrow.




Landowner Name: Brandon Eubanks

Form: OLWR-SWR-1A

**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.**

Michael S. Havard 0-673 12-15-07

**Print Name of Responsible Licensee and License No.** **Date** **Signature of Licensee**

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: George
Permit #:
Driller: Michael S. Havard
Date completed: 11-19-07
*Copy information from block on Part 1*

**For Office Use Only:**
Aquifer:
Well #: C- 147
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

Owner Name: Brandon Eubanks
Mailing Address: 122 Rolling Woods Rd
Lucedale MS 39452
City State Zip Code
Telephone No. (601) 673-0096

### Well Location

Latitude: N 30° 55.587 Longitude: W 88° 31.965
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, (Hand-held GPS), Survey-grade GPS___
___ ¼ ___ ¼ Sec 25 T 1S R 6W
Distance Direction Nearest Town
2 Miles East of Lucedale

### Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 11-19-07
Rated Pump Capacity: 19 Gallons Per Minute

### Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 103 feet
Number of Stages: 8

### Pump Test Data

Date Well Tested: 11-19-07
Static Water Level (A): 52 Feet Below Land Surface
Pumping Water Level (B): 70 Feet Below Land Surface
Drawdown [(B) – (A)]: 18 Feet Below Land Surface
Test Pumping Rate: 26 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

### Method of Measuring Water Level
Circle one

Air Line | (Electric Measuring Line) | Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded 26 GPM with a drawdown of 18 feet after 4 hours of pumping

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

Michael S. Havard 0-473
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B

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