

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

(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: C 174

Aquifer: _____

E-Log #: _____

County: George
 Permit #: _____
 Driller: Mike + Wade
 Date drilling completed: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Tyler Eubinks</u>	Latitude: <u>30° 55' 22.31" N</u> Longitude: <u>088° 33' 16.34" W</u>
Mailing Address: <u>1179 Eubank Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>Lucedale</u> State: <u>MS</u> Zip Code: <u>39452</u>	NE <u>1/4</u> NW <u>1/4</u> , Sec <u>35</u> T <u>1S</u> R <u>10W</u>
Telephone No. () _____	<u>2</u> Miles <u>E</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2/2/15 Date drilling completed: 2/2/15 Hole depth: 90ft Hole diameter: _____

Location of the source of any surface water used for drilling: None RECEIVED

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) _____

Static Water Level: 35 feet [above or below] land surface Date measured: 2/2/15
(circle one)

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

Well depth: 90ft Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: SCH. 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Wrapped

Screen slot size: #10 inches Setting depth: From 70 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

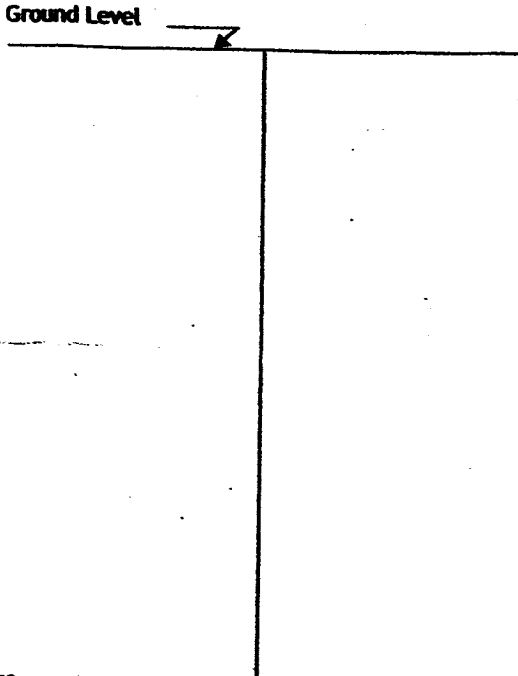
If telescoped or more than one screen, describe on next page

County: George
 Permit #: _____

For Office Use Only:
 Well #: C17P

The sketch below only required for water wells

If well telescopes, show depths 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) Ground level	To (depth)
Sand/clay mix	0	18
Sand	18	30
Clay	30	65
Sand	65	90
Clay		

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

Attached

RECEIVED
 FEB 12 2015
 BY OLWR

Landowner Name: Tyler Eubanks

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.

Michael R Fry Feal's 0408 2-10-15
 Print Name of Responsible Licensee and License No. Date

Michael R Fry
 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)

County: George
 Permit #: _____
 Driller: Mike + Wade
 Date completed: 2-6-14
Copy information from block on Part 1

For Office Use Only:

Well #: C176
 Aquifer: _____

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>Tyler Eubanks</u>	Latitude: <u>30°55' 22.3" N</u> Longitude: <u>088°33' 10.34" W</u>
Mailing Address: <u>1179 Evanson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	1/4 _____ 1/4 _____ Sec <u>35</u> T <u>20S</u> R <u>10W</u>
City State Zip Code	<u>2</u> Miles <u>E</u> of <u>Lucedale</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: 35 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: 2 Setting Depth: 85 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 2/3/15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 55 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 70 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: RECEIVED

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: BY: OLWR

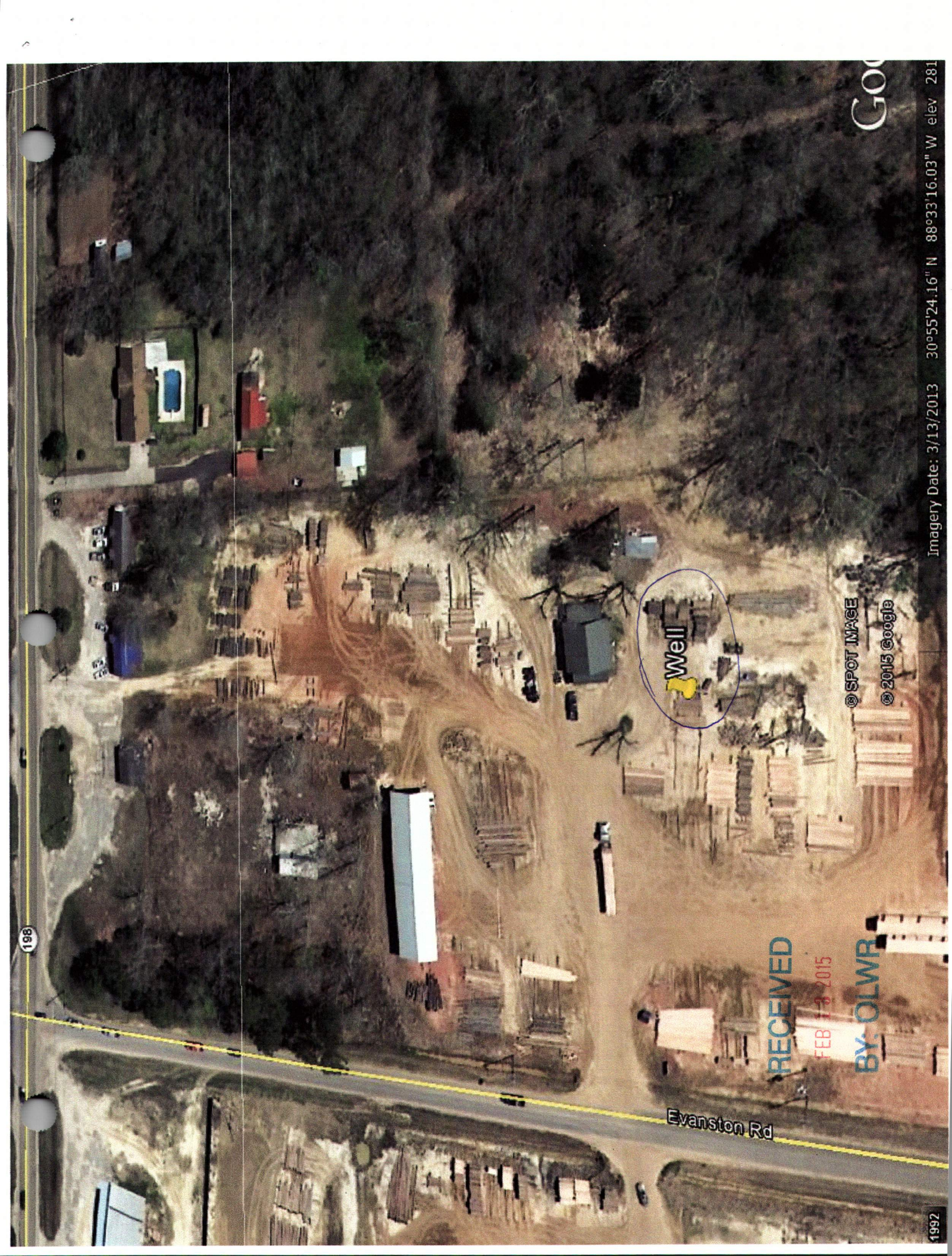
Is This Meter (circle one): New Repaired Replacement

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.

Michael R. Frye 0408 2-6-14 Michael R. Frye

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



198

Well

RECEIVED

FEB 18 2015

BY OLWR

Evanston Rd

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