

# State Well Report

## Part I

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 #: D 81  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George 039  
Permit #: \_\_\_\_\_  
Driller: Pierce Well  
Date drilling completed: 3-13-05

*Pierce Water Well Drilling*

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

### Well Owner Information

Owner Name: Eubanks Produce  
Mailing Address: Dickerson Saw Mill Rd.  
Lucedale, Ms  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: 30° 59' 31" Longitude: 88° 28' 11"  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 NE 1/4 Sec 3 Twn 15 Rng 5W  
Distance 1/2 Miles Direction S of Nearest Town Greene Co Line

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 3-13-05 Date well drilling completed: 3-13-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 50' feet above or below (circle one) land surface Date measured: 3-13-05

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80' feet Casing diameter: 4" inches Type of casing: plastic

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

Screen slot size: 006 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael Pierce 0296

Michael Pierce

Print Name of Water Well Contractor and License No.

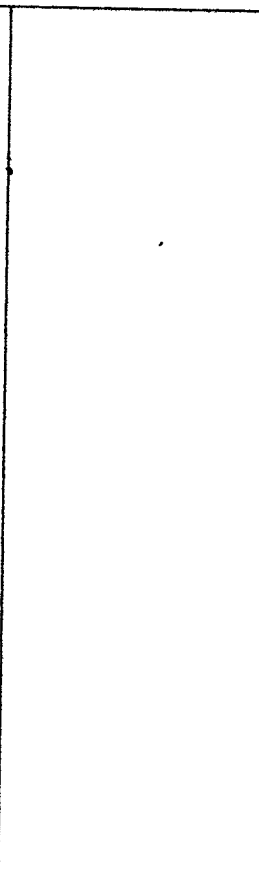
Signature of Water Well Contractor

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APR 06 2005

BY: OLWR

Ground Level



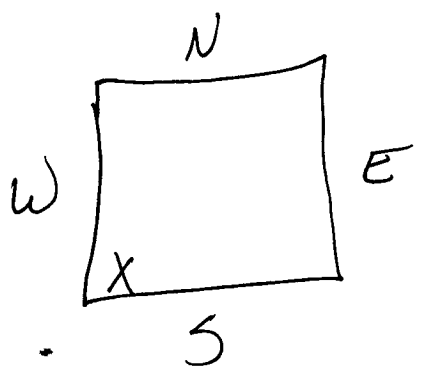
Description of Formations Encountered

From To

Top Soil	0	10
Clay	10	45
good Sand	45	100

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) indicate direction.



Landowner Name: Eubanks Produce

Michael Pencil  
Signature of Water Well Contractor

# 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)

**For Office Use Only:**

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

Well #: D-81

Elevation: \_\_\_\_\_

County: George

Permit #: \_\_\_\_\_

Driller: Pierce Well

Date completed: 3-14-05

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Eubanks Produce</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>Same</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>3</u> Twn <u>1S</u> Rng <u>5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>S</u> of <u>Greene Co. Line</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3-14-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-14-05</u>	<u>Air Line</u> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Michael Pierce 0296 Michael Pierce  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 APR 06 2005  
 BY: OLWR