

County: George
 Permit #: _____
 Driller: Pierce
 Date drilling completed: 7-11-05

Well Driller Report and Well 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 #: D-86
 L. S. Elevation: _____
 E-log #: _____

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	Well Location
Owner Name: <u>Allen Eubanks</u>	Latitude: <u>30° 59' 18"</u> Longitude: <u>88° 29' 54"</u>
Mailing Address: <u>Dickerson Sawmill Rd</u> <u>Hucedale MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 5 Twn 15 Rng 5W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>S</u> of Nearest Town <u>Greene Co Line</u>

Well Data

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

Date well drilling started: 7-11-05 Date well drilling completed: 7-11-05

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 7-11-05

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 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
 Print Name of Water Well Contractor and License No.

Michael Pierce
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

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: Prece
Date completed: 7-12-05

For Office Use Only:
Aquifer:
Well #: D-86
Elevation:

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information: Owner Name: Allen Eubanks, Mailing Address: Same, City, State, Zip Code, Telephone No.
Well Location: Latitude, Longitude, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4 Sec 5 Twn 1S Rng 5W, Distance: 1 Miles, Direction: S, Nearest Town: Greene Co Line

Pump Type: Circle one, Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):
Power Type: Circle one, Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Date Pump Installed: 7-12-05, Rated Pump Capacity: 100 Gallons Per Minute, Horse Power Rating of Motor: 5, Setting Depth: 110 feet, Number of Stages: 9

Pump Test Data: Date Well Tested: 7-12-05, Static Water Level (A): 80 Feet Below Land Surface, Pumping Water Level (B): 85 Feet Below Land Surface, Drawdown [(B) - (A)]: 5 Feet Below Land Surface, Test Pumping Rate: 80 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 100 GPM with a drawdown of 5 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Michael Prece 0296, Print Name of Pump Installer and License No. (if applicable)
Michael Prece, Signature of Pump Installer

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AUG 11 2005

BY: OLWR