

State Well Report

Part 1

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-96
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: GW 16305
Driller: Michael S. Howard
Date drilling completed: 05-02-06

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>Eubanks Produce</u>	Latitude: <u>30° 58' 88"</u> Longitude: <u>88° 28' 42"</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 10 Twn T15 Rng R5W</u>
Telephone No. <u>(601) 947-9661</u>	Distance Direction Nearest Town
	<u>2.5 Miles W of Miss/Ala Line</u>

Well Data

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

Date well drilling started: 05-02-06 Date well drilling completed: 05-04-06

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

Static Water Level: 112 feet above or below (circle one) land surface Date measured: 05-04-06

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

Hole depth: 253 Well depth: 253 Well grouted to a depth of 60 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 213 feet Casing diameter: 6 inches Type of casing: PVC 540

Screen length: 40 feet Screen diameter: 4 233-253 inches Type of screen: WOP PVC

Screen slot size: .012 x 4 inches Setting depth: From 213 feet to 253 feet

Screen slot size: .014 x 6 inches

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 S. Howard 0-693
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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GW 16305

D-96

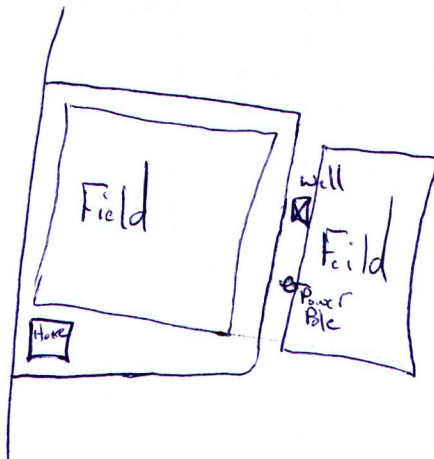
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top sand	0	5
Clay	5	23
Silt	23	28
Sand (fine-med)	28	63
Sand (med) clay Strips	63	98
Clay	98	158
Silt	158	165
Clay	165	193
Sand (fine-med)	193	198
Sand (med)	198	222
Sand (med-coarse)	222	253

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

Eubanks Produce
Signature of Water Well Contractor

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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 #: 6W16305
 Driller: Michael S. Havard
 Date completed: 05-05-06

For Office Use Only:

Aquifer: _____
 Well #: D-96
 Elevation: _____

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: <u>N30°53.88</u> Longitude: <u>W88°28.401</u>
Mailing Address: <u>331 Produce Ln</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey,
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. <u>(601)947-9661</u>	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>W</u> of <u>Miss / Al line</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>05-05-06</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>05-04-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>112</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>367</u> GPM with a drawdown of
Test Pumping Rate: <u>367</u> Gallons Per Minute	<u>23</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Michael S. Havard 0-693 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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