

# 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)

County: George  
Permit #: GW-16330  
Driller: Michael S. Harvard  
Date drilling completed: 9-29-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D-99  
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>Eubanks Produce</u>	Latitude: <u>30° 59' 24"</u> Longitude: <u>88° 28' 38"</u>
Mailing Address: <u>331 Produce Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale MS 39452</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>3</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. <u>(601) 947-9661</u>	Distance Direction Nearest Town <u>6</u> Miles <u>NE</u> of <u>Lucedale</u>

**Well Data**

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

Date well drilling started: 9-28-06 Date well drilling completed: 9-29-06

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 10-02-06

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 60 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 6 inches Type of casing: PUC 540

Screen length: 40 feet Screen diameter: 6 inches Type of screen: PUC 540 WOP

Screen slot size: .014 inches Setting depth: From 200 feet to 240 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 S. Harvard 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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GW16330

D-99

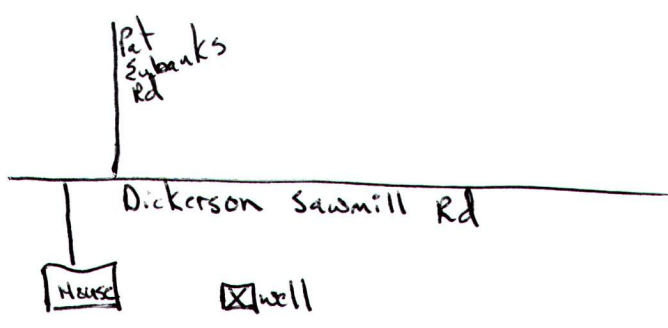
If well telescopes please sketch below and show depths.

Ground Level \_\_\_\_\_

Description of Formations Encountered	From	To
Topsand	0	10
Clay	10	55
Silt	55	105
Sand (fine-med)	105	126
Clay	126	165
Silt	165	175
Clay	175	189
Sand (fine-med)	189	195
Sand (med)	195	227
Sand (med-coarse)	227	240

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

[Signature]  
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 #: GW 16330  
 Driller: Michaels, Harold  
 Date completed: 10-03-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-99  
 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°59.29</u> Longitude: <u>W88°28.30</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lucedale MS 39452</u>	_____ ¼ _____ ¼ Sec <u>3</u> Twn <u>T15</u> Rng <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-9661</u>	<u>6</u> Miles <u>NE</u> of <u>Lucedale</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>10-03-06</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-02-06</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>95</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>145</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>40</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.

Michaels, Harold 0-673  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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