

State Well Report

Part 1 - Driller's 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 #: D145
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: GW 16679
Driller: Michael S. Harvard
Date drilling completed: 5-13-09

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Eubanks Produce</u>	Latitude: <u>30° 59' 17.3"</u> Longitude: <u>88° 29' 26.4"</u> <u>10"</u> <u>46"</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> City State Zip Code	NW ¼ SW ¼ Sec <u>84</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. (<u>601</u>) <u>947-9661</u>	Distance <u>7</u> Miles Direction <u>NE</u> of Nearest Town <u>Lucedale</u>
Well / Borehole Data	
Date drilling started: <u>5-11-09</u> Date drilling completed: <u>5-13-09</u> Hole depth: <u>265</u> Hole diameter: <u>10.5"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>073</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>5-13-09</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>265'</u> Well grouted to a depth of <u>25</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>225</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>PVC 540 BE</u>	
Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>PVC WOP</u>	
Screen slot size: <u>.012</u> inches Setting depth: From <u>225</u> feet to <u>265</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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 next page	

Form: OLWR-SWR-1A

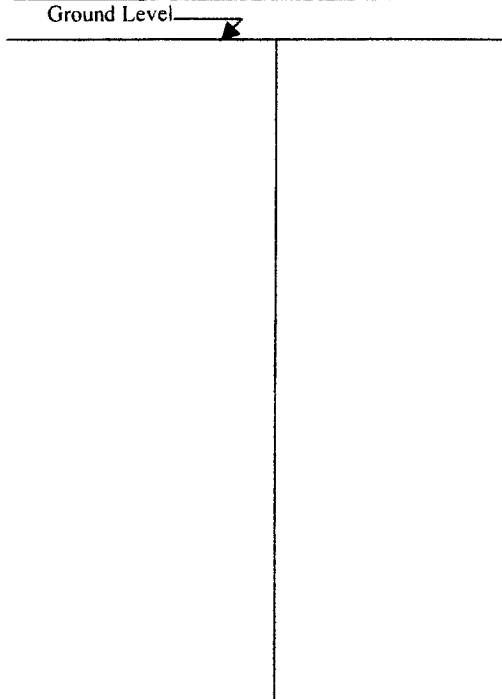
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BY: OLWR

The sketch below only required for water wells

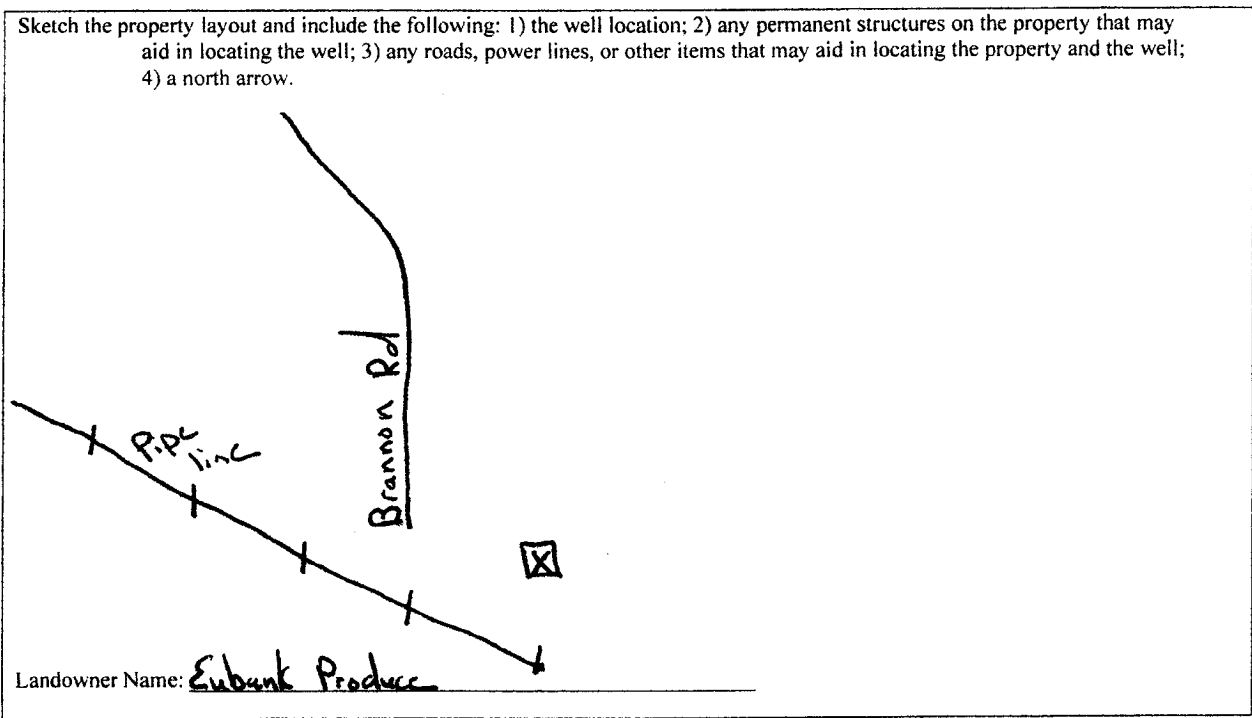
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsand	Ground Level	12
Sand/silt	12	38
Clay	38	85
Sand (fine-med)	85	105
Clay	106	135
Sand	135	155
Clay	155	165
Sand (med)	165	175
Clay	175	205
Sand (fine-med)	205	208
Sand (med)	208	265

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I 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 S. Howard 0-673 6-15-09
 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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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 #: _____
 Driller: Michael S. Harvard
 Date completed: 5-26-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D145
 Elevation: _____

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>Eubanks Produce</u>	Latitude: <u>N30°59.173'</u> Longitude: <u>W88°29.746'</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, ^{10"} _____, ^{46"} _____
<u>Lucedale</u> MS <u>3952</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 5 T15 R15W</u>
Telephone No. (601) <u>947-9661</u>	Distance _____ Direction <u>4</u> Nearest Town <u>Lucedale</u>
	<u>7</u> Miles <u>NE</u> of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>5-26-09</u>	Setting Depth: <u>196</u> feet
Rated Pump Capacity: <u>275</u> Gallons Per Minute	Number of Stages: <u>5 stage</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-26-09</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>073</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>32</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>32</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Michael S. Harvard 0678 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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