	<i>r</i> .
County:	George
Permit #:	JW 16680
Driller:	Michials. Havard
Dota dril	ting completed: 5/14/00

## 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

ackson, MS 39289-063 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #:	
L. S. Elevation:	
E-log #:	

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.

Department at the above address within 30 days of comp	oletion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 30 ° 59 ' 166" Longitude: 88 ° 29 ' 813"			
Owner Name Eubanks Produce	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address: 331 Produce Rd	Method of Lat/Long (circle one): Conventional Survey,			
Ivianing Address.	USGS quad, Hand-held GPS Survey-grade GPS			
	NE 45E 4 Sec 5 Twn Tis Kng RSW			
Luedale MS 39452	NE W See 3 - I WII - 13 Ring R3W			
City State Zip Code	Distance Direction Nearest Town  Miles NE of Luccaut			
Telephone No. ( 601 ) 947-9661	Miles NE of Lucidate			
Well / Bore	hole Data			
Date drilling started: 5-07-09 Date drilling completed: 5-09-	Hole depth: 265 Hole diameter: 10.5			
Company of Company of Control (19)				
Location of the source of any surface water used for drilling:	opment:			
Logs run (circle all applicable): log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well X Geotechnical/Geological	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe	)			
If drilling is not related to water well construction	n, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation X Fish Culture Other:			
16 - Coming well most and affiliam variations. Value	hthou (donoriba)			
If a flowing well, method of flow regulation: Valve O				
Static Water Level: <u>073</u> feet above or circle one) I	and surface Date measured: 3-09-09			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: 265 Well grouted to a depth of 25 feet Type	of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 225 feet Casing diameter: 6	inches Type of casing: PIC S40 BE			
Screen length: 40 feet Screen diameter: 6	inches Type of screen: NC WOP			
Screen slot size: VOI \(\) inches Setting depth: From	225 feet to Confeet			
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tell	lescoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A

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The sk	ketch b	elow	only	requi <u>red</u>	for	water	wells

If wel	l telesco	pes, show	depths	on	sketch

If well telescopes,	show	depths	on	sketch
Ground Level.		7		

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

Description of Formations Encountered	From (depth)	
Too Sand	Ground Level	8
sand Silt	8	36
Clan	36	85
Sand	85	103
Clase	103	135
Sand	13.5	154
Claur	150	143
Sand	163	175
Clay	175	203
Sand (fine-med)	203	208
Sand (med)	308	765

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) a north arrow.  Brannon Road  Road  Road  Road  Road  Road  Road  Road  Road
Landowner Name: Eubank Form: OLWR-SWR-14

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.

Print Name of Responsible Licensee and License No.

Signature of Licensee

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## STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 D146 Well #: Jackson, MS 39289-0631 Date completed: 5-26-09 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part I 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: Eubanks Prod Latitude: N30°59. U.C. Longitude: W88°29. 813 Mailing Address: 331 Method of Lat/Long (check one): Conventional Survey\_ USGS quad , Hand-held GPS X , Survey-grade GPS NE 4 SE 4 Sec 5 Distance Direction Nearest Town 7 Miles NE of Luce Telephone No. (60) 947-966( Pump Type Power Type Circle one Circle one Air Lift Jet Diesel Engine Submersible Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Flowing Well Rotary Windmill Other (specify): \_ Other (specify): Horse Power Rating of Motor: Date Pump Installed: 5-26-09 Setting Depth: \_ Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one 5-26-09 Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 73 Feet Below Land Surface Other (specify): Pumping Water Level (B): 105 Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Test Pumping Rate: 300 300 Gallons Per Minute Well yielded GPM with a drawdown of feet after Duration of Pump Test (minimum 4 hours): hours of pumping

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

Form: OMEGAE VED