

George

County: George

Permit #: GW16675

Driller: _____

Date drilling completed: _____

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)881-5210
 (601)881-5225 (fax)

For Office Use Only:

Aquifer: _____

Well #: 147

T. 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.

Information on Well Owner
 (Landowner if borehole is not for a water well)

Owner Name: Allen Eubanks

Mailing Address: 331 Produce Rd
Lucedale, Ms 39452
 City State Zip Code

Telephone No: (601) 947-9661

Well or Borehole Location 30 01
 Latitude: 30° 00' 33" N Longitude: 88° 45' 00" W

Method of Lat/Long (circle one): Conventional Survey, _____

USGS quad, Hand-held GPS, Survey-grade GPS

SW 1/4 Sec 33 T12N R15W
 Distance Direction Nearest Town
4 Miles NE of Rocky Creek MS.

30-59-35
 88-29-05

Well / Borehole Data

Date drilling started: 4-16-09 Date drilling completed: 4-16-09 Hole depth: 205 Hole diameter: 10"

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): AC log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ☒ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe): _____

If driller is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 148 feet above or below (circle one) land surface Date measured: 4-16-09

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

Well depth: 205 Well grouted to a depth of 165 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 6 inches Type of casing: Sch 40

Screen length: 40 feet Screen diameter: 6 inches Type of screen: Sch 40 Sawned pine

Screen slot size: -018 inches Setting depth: From 165 feet to 205 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

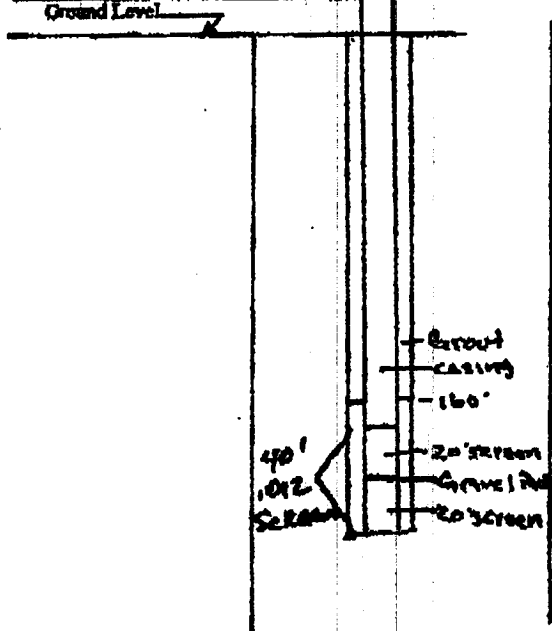
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/05)

The sketch below only remained for water wells.

If you're interested, show us your art skills!

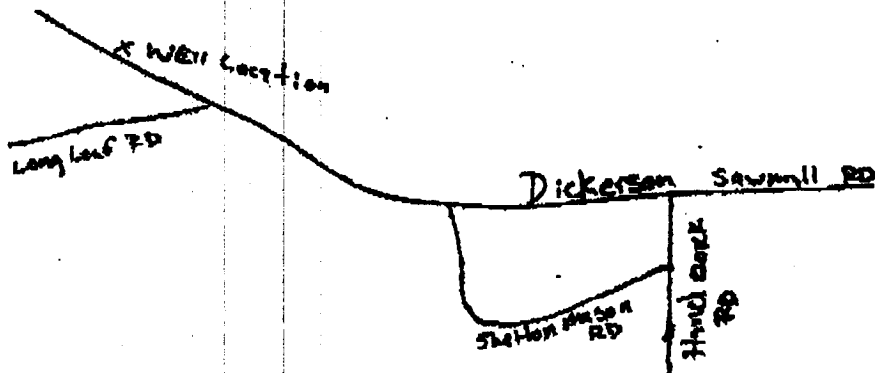


If more than one screen, show location of each on sketch

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

[illegible]

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.



Lender's Name:

Power: OLWR-SWR-1A (04/08)

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

Raymond Havens 0661 5-1-09

Print Name of Responsible Licensee and License No.

Data

Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (Fax)

County: _____
Permit #: _____
Driller: _____
Date completed: _____

Complete Information About Muckin' Well

For Office Use Only:

Aquifer: D147
Well #: U-92
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>Allen Eubanks</u>	Latitude: <u>30.9953</u> Longitude: <u>88.4972</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale, Ms 39452</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ N _____ S _____ T _____ R _____
Telephone No. <u>(601) 947-9661</u>	Distance Direction Nearest Town
	<u>4 miles NE of Rocky Creek</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): _____	Motor Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>4.22.09</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4.22.09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>149</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>177</u> Feet Below Land Surface	For Flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a draw-down of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>150</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Raymond Havens
Print Name of Pump Installer and License No. (if applicable)

R. A. Brown
Signature of Pump Installer

Form OLWR-SWRI-1B (04/06)