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*Screen Design*

County: Leflore  
 Permit #: SP 16677  
 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 39226  
 (601)981-5210  
 (601)981-5228 (fax)

**For Office Use Only:**  
 Acquirer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 U. S. Elevation: \_\_\_\_\_  
 B-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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Allen Eubanks</u> Mailing Address: <u>331 Produce Rd</u> <u>Lucedale, Ms. 39452</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: <u>31° 00' 01"</u> Longitude: <u>88° 30' 01"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW 1/4 NE 384 1/4 Sec 284 Twn 15 Rng 5W Distance Direction Nearest Town <u>7</u> Miles <u>NE</u> of <u>Rocky Creek MS</u>	
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59  
 30-58-33  
 88-29-03

**Well / Borehole Data**

Date drilling started: 4-14-09 Date drilling completed: 4-14-09 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):  No 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: 4-14-09

Method of Measurement (circle one):  steel tape  electric type  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 pvc

Screen length: 40 feet Screen diameter: 6 inches Type of screen: sch 40 sawed pvc

Screen slot size: .010 inches Setting depth: From 205 feet to 165 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 interval or more than one screen, describe on next page.*

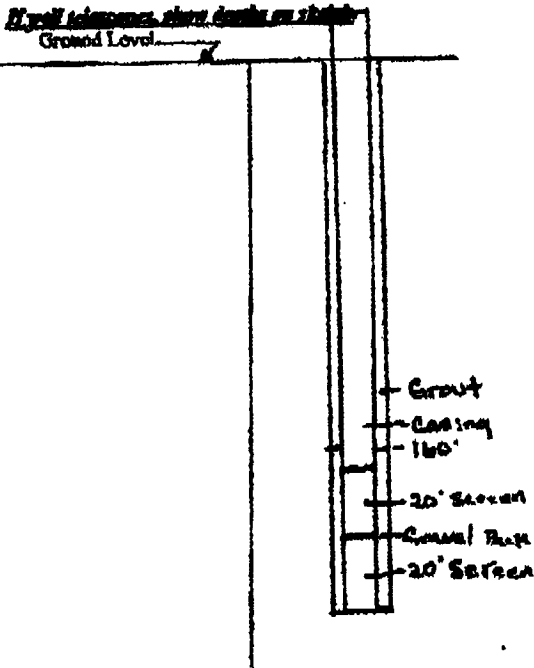
Form: OLWR-SWR-1A (04/08)

*Edgar Lubville  
 or  
 Brown Town Quad*

The sketch below only required for water wells

DESCRIPTION OF FORMATIONS ENCOUNTERED FROM ITS LOCATION, USE, WELL AND BENCHLOG, unless specifically commented by regulations

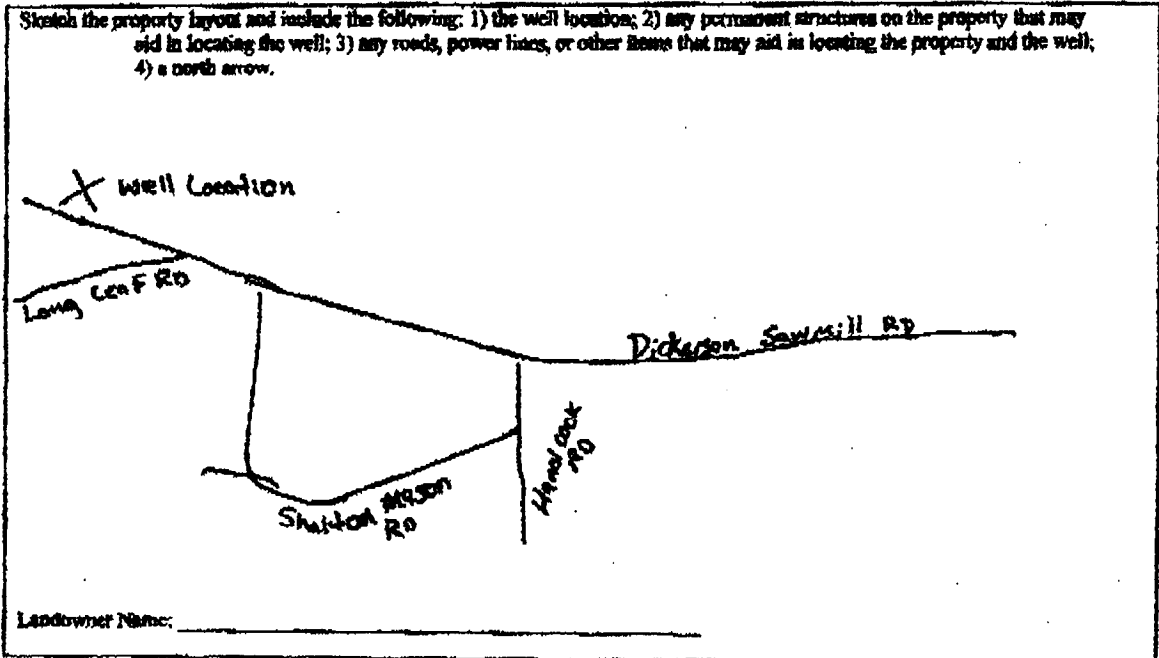
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Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	3'
Red Sandy Clay	3'	32'
Red clay	32'	47'
White medium coarse Sand	47'	120'
Shale Gray in color	120'	163'
White medium coarse Sand	163'	205'

~~U-98~~  
D148

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



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

I certify that the well/benchlog 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.

Raymond Havens      0661      R.A. James  
 Print Name of Responsible Licensee and License No.      Date      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)961-9210  
 (601)961-5228 (fax)

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1.*

**For Office Use Only:**  
 Aquifer: D1A8  
 Well #: 799  
 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>31.0226</u> Longitude: <u>88.5032</u> <sup>W</sup>
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	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. ( ) _____	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): _____	Horse 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>4-23-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>148</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>155</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>165</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) Signature of Pump Installer