

County: George
 Permit #: MS-GW-16701
 Driller: Michael S. Havard
 Date drilling completed: 9-21-09

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: D 151
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Embanks Produce</u>	Latitude: <u>30° 58' 22"</u> Longitude: <u>88° 28' 43"</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>10</u> Twn <u>T1S</u> Rng <u>R5W</u>
Telephone No. (<u>601</u>) <u>947-9661</u>	Distance <u>2</u> Miles Direction <u>S</u> of Nearest Town <u>Greene Co.</u>

Well / Borehole Data

Date drilling started: 9-17-09 Date drilling completed: 9-21-09 Hole depth: 245 Hole diameter: 11.5

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

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

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

Static Water Level: 102 feet above or below (circle one) land surface Date measured: 9-20-09

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

Well depth: 245 Well grouted to a depth of 25 feet Type of grout (circle one) Neat Cemen Bentonite Mix

Casing length: 215 feet Casing diameter: 6 inches Type of casing: PVC 540 BE

Screen length: 30 feet Screen diameter: 6 inches Type of screen: WOP PVC

Screen slot size: 1012 inches Setting depth: From 215 feet to 245 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


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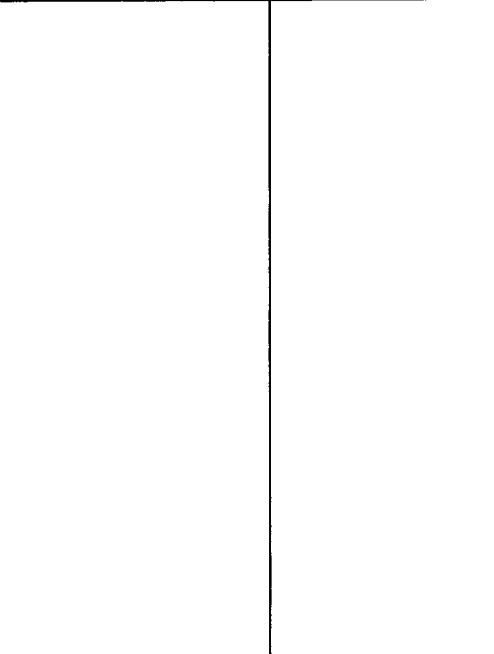
D 151

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

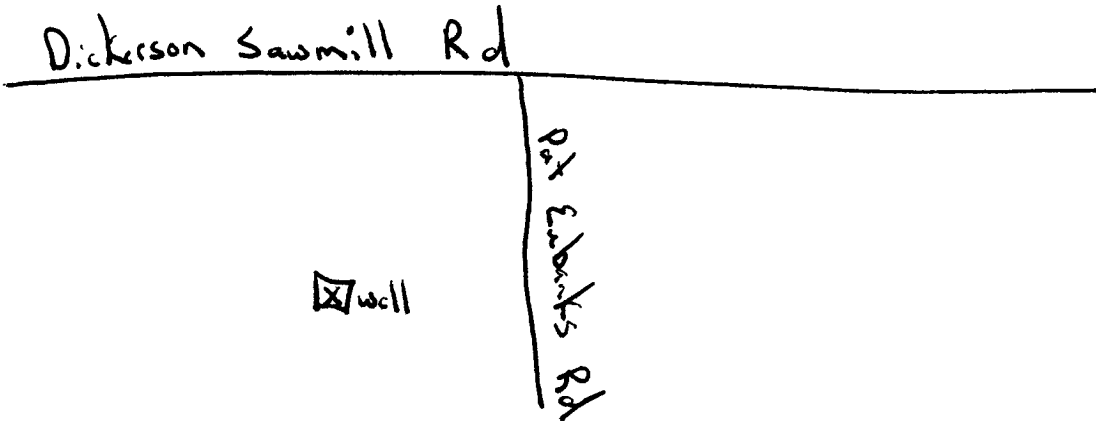
Ground Level 



Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	5
Clay	5	23
Silt	23	28
Sand (fine-med)	28	63
Sand med	63	98
Clay	98	158
Silt	158	165
Clay	165	193
Sand fine-med	193	198
Sand med	198	222
Sand med-coarse	222	245

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.

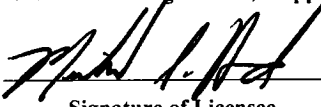


Landowner Name: Eubanks Produce

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. Harvard 0-693 10-16-09
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. Howard
 Date completed: 9-24-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: D 151
 Well #: _____
 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>Eubank Produce</u>	Latitude: <u>N30°56.917</u> Longitude: <u>W88°28.425</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	_____ ¼ _____ ¼ Sec <u>10</u> T <u>T1S</u> R <u>R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-9661</u>	<u>2</u> Miles <u>S</u> of <u>Greene Co</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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>30</u>
Date Pump Installed: <u>9-24-09</u>	Setting Depth: <u>195</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-20-09</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>102</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>127</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 <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>25</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Michael S. Howard 0-693 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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