Stat	e Well Report				
	1 – Driller's Log	For Office Use Only:			
Mississippi Depar	rtment of Environmental Quality	Aquifer:			
Permit #: Office of L	and and Water Resources	Well#: 6169			
Driller Michael & Havard	P.O. Box 10631	"			
Jacks	son, MS 39289-0631	L. S. Elevation:			
	(601)961-5210	E-log #:			
(00	01)354-6938 (fax)	E-log #:			
State Law requires that this report be prepared by to Department at the above address within 30 days of					
Information on Well Owner	Well or Bo	rehole Location			
(Landowner if borehole is not for a water well)	Latitude: 30 0 50 , 21	" Longitude: \$8° 30'/55"			
Owner Name Brandon Eubanks	13 ·	"Longitude: 88° 32' 455" (39''			
	Method of Lat/Long (circle or	ne): Conventional Survey,			
Mailing Address: 122 Rolling Woods Rd	USGS quad, Hand-held	GPS Survey-grade GPS			
Lucidale MS 39452	<u>5W 1/4 5W 1/4 Sec 25</u>	Twn Tas Rng R6J			
City State Zip Code	Distance Direction	Nearest Jown of Luccal C			
Telephone No. ()	ivilies	or <u>cace aar c</u>			
	/ Borehole Data				
Date drilling started: 4-21-09 Date drilling completed:	-21-09 Hole depth: 58	Hole diameter: 4.5			
Successing states.					
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development:					
Method of dosing and volume of Chlorine used in drifting and	development.				
Logs run (circle all applicable) No log run Electric Gamm Name of organization running log(s):		Other:			
Purpose of borehole (check one): Water Well X Geotechnica	l/Geological Investigation Ground	Source Heat Pump			
Seismic Survey Other (de	escribe)				
If drilling is not related to water well const	ruction, skip the remainder of this bl	ock			
Purpose of Well (check one): Home X Industrial Public	SupplyIrrigationFish Culture	Other:			
If a flowing well, method of flow regulation: Valve					
Static Water Level: 32feet above or below (circle one) land surface Date measured: 4-21-09					
Method of Measurement (circle one) steel tape electri					
Well depth: 58' Well grouted to a depth of 12' feet					
Casing length: <u>53'</u> feet Casing diameter: <u>2</u>					
Screen length: 5' feet Screen diameter: 2" inches Type of screen: Puc 540 WOP					
Screen slot size:inches Setting depth: F					
Type of completion (circle all applicable): Arrayel packed	Underreamed Telescoped Oper	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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e sketch below only required for water wells	<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations			
well telescopes, show depths on sketch.	wens una vorenotes, uness specifican	y exempled by reg	munons	
Ground Level	Description of Formations Encountered	From (depth)	To (dept	
<u> </u>	Topsand	Ground Level	10	
	Sand	10	15	
	Clark	15	17	
	Sand	17	38	
	Clare	38	42	
	Sand	42	40	
			Τ.	
			•	
If more than one screen, show location of each on ske	etch			
etch the property layout and include the following: 1) the	ne 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 pr	operty and the wel	l;	
4) a north arrow.				

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. Elbert stringe Mudl Brive	
Landowner Name: Brandon Eubanks Form: OLWR-SW	

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

Print Name of Responsible Licensee and License No.

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STATE WELL REPORT

Permit #: Driller: M. Chael S. Harard Date completed: 4-21-09 Convintormation from block on Part I

Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

For Office Use Only:				
Aquifer:				
Well #:	6169			
Elevation: _				

Driller: M. Chael J. Havaco		30x 10631		cua	
Date completed: 4-21-09	· ·	IS 39289-0631 961-5210	i	6169	
Copy information from block on Part 1	` ,	4-6938 (fax)	Elevation:		
This part of the report must be completed	by a licensed water well c	ontractor or a license t the above address wi	ed pump installer. A cop of thin 30 days of well com	y of Part 1 of the upletion.	
report must be attached and both parts filed with the Department at the above address within 30 days of we Well Owner Information Well Location			Well Location		
Owner Name: Brandon Enbanks		Latitude: <u>N30°50. 211</u> Longitude: <u>N8°32. 155</u>			
Mailing Address: 122 Rolling	Mailing Address: 122 Rolling Woods Rd		Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held GPS \(\frac{\frac{\chi}}{\chi} \), Survey-grade GPS			
City State Zip Code		SW 1/4 SW 1/4 Sec 25 T T25 R RCW			
City State	Zip Code	Distance Direction Nearest Town			
Telephone No. ()		4 Miles 158 of Lucedale			
			Dawar Tuna		
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):		
Other (specify):		Horse Power Rating	of Motor:		
Date Pump Installed: 4-21-09			feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: _	૨		
Pump Test Data		Meth	od of Measuring Water	· Level	
			Circle one		
Date Well Tested: 4-21-09		Air Line Etc	ctric Measuring Line	Steel Tape	
Static Water Level (A): 32 Feet	Below Land Surface				
Pumping Water Level (B): 40 Feet 1	Below Land Surface	Office (apecity).			
	Below Land Surface	For flowing well, me	easured shut in head:	feet	
Test Pumping Rate:	Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 4 hours feet after 4 hours of pumping					
				/	
I UCDEDV CEDTIEV that the above statem	ants are true to the hest a	f my knowledge		/	

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

Wichael S. Mauaid O. 473

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

Signature of Pump Installer

Form: OLD ENDER VED

JUN 1 1 2009

BY: OLWR