

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: P90  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Michael S. Howard  
Date drilling completed: 3-03-2017

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Subanks Produce</u>	Latitude: <u>31° 8' 11.62" N</u> Longitude: <u>88° 37' 34.46" W</u>
Mailing Address: <u>331 Produce Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>18</u> T. <u>2N</u> R. <u>6W</u>
Telephone No. (601): <u>947-9661</u>	<u>4.2</u> Miles <u>SE</u> of <u>Leaksville</u>
	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 3-01-2017 Date drilling completed: 3-2-2017 Hole depth: 131' Hole diameter: 9.5"

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 (circle 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 (circle all applicable): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_

Other (describe): \_\_\_\_\_

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

Static Water Level: 78' feet (above or below land surface) Date measured: 3-03-2017  
(circle one)

Method of measurement (circle one): Steel tape \_\_\_\_\_ Electric tape \_\_\_\_\_ Air line \_\_\_\_\_ Other (describe): \_\_\_\_\_

Well depth: 131' Well grouted to a depth of: 12' feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 121' feet Casing diameter: 4" inches Type of casing: Pvc 540 BS

Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc 540 WOP

Screen slot size: .010 inches Setting depth: From 121' feet to 131' feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ 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*

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**BY OLWR**



# 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 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

### For Office Use Only:

Well #: P90  
 Aquifer: \_\_\_\_\_

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Howard  
 Date completed: 3-03-2017  
*Copy information from block on Part 1*

*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>Cubanks Produce</u>	Latitude: <u>30° 8' 11.62" N</u> Longitude: <u>88° 37' 34.46" W</u>
Mailing Address: <u>331 Produce Road</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> <u>MS</u> <u>39452</u>	<u>SW 1/4 NE 1/4</u> Sec <u>18</u> T <u>T2N</u> R <u>R6W</u>
City State Zip Code	<u>4.2</u> Miles <u>SE</u> of <u>Leakeville</u>
Telephone No. (601) <u>947-9661</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 3-03-2017 Rated Pump Capacity: 85 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 Setting Depth: 126 feet Number of Stages: 14

**Pump Test Data for Non-Flowing Well**

Date Well Tested: 3-03-2017 Duration of Pump Test (minimum 4 hours): 4.5 hours

Static Water Level (A): 78 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 42 Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute

Method of measurement (circle one):  Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

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*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Michael S. Howard 0-673 3-20-2017 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer