

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 #: P91
Aquifer: _____
E-Log #: _____

County: Greene
Permit #: _____
Driller: Michael S. Harvard
Date drilling completed: 3-07-2017

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>Embanks Produce</u>	Latitude: <u>31° 2' 11.6" 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> MS <u>39452</u>	<u>SW 1/4 NE 1/4, Sec 18 T 22N R 6W</u>
City State Zip Code	<u>4.2</u> Miles <u>SE</u> of <u>Leaksville</u> (Distance) (Direction) (Nearest Town)
Telephone No. (<u>601</u>) <u>947-9661</u>	

Well / Borehole Data:

Date drilling started: 3-07-2017 Date drilling completed: 3-07-2017 Hole depth: 242' Hole diameter: 7.5"

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: 80 feet [above or below] land surface Date measured: 3-08-2017
(circle one)

Method of measurement (circle one): steel tape Electric tape Air line Other (describe): _____

Well depth: 242 Well grouted to a depth of: 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 222' feet Casing diameter: 4" inches Type of casing: Pvc 540 BE

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

Screen slot size: .010 inches Setting depth: From 222' feet to 242' 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

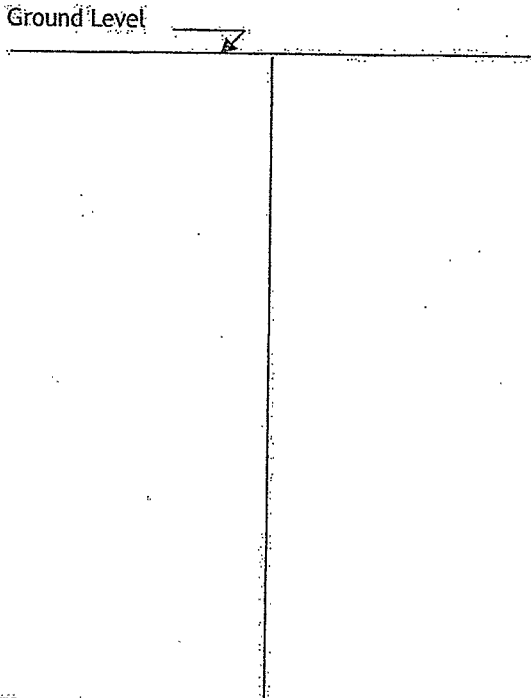
If telescoped or more than one screen, describe on next page

County: Greene
 Permit #: _____

For Office Use Only:
 Well #: P91

The sketch below only required for water wells

If well telescopes, show depths on sketch:



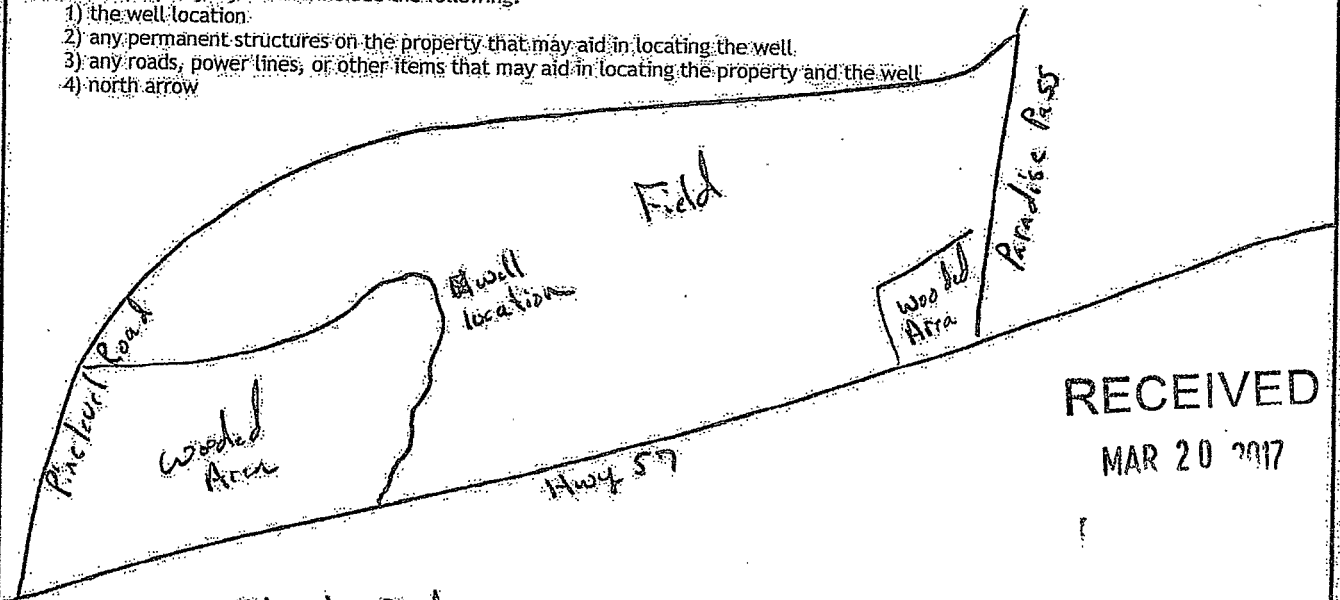
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered:	From (depth)	To (depth)
Topsand	Ground level	3'
Clay	3'	12'
Sand	12'	35'
Clay	35'	38'
Clay	38'	122'
Sand	122'	135'
Clay/Sand/Silt	135'	205'
Sand	205'	240'

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) north arrow



Landowner Name: Ebanks Produce

I HEREBY 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. Howard 06973

3-20-2017

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

For Office Use Only:

Well #: P91

Aquifer: _____

County: George
Permit #: _____
Driller: Michael S. Howard
Date completed: 3-08-2017
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>Eubanks 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> MS <u>39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>18</u> T <u>22N</u> R <u>R6W</u>
Telephone No. (601) <u>947-9661</u>	<u>4.2</u> Miles <u>SE</u> of <u>Leakesville</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 3-08-2017 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: 149 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 3-08-2017 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 85 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B)-(A)]: 35 Feet Below Land Surface Test Pumping Rate: 70 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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): MAR 20 2017

Installation Date: _____ Meter installed by: BY O

Is This Meter (circle one): New Repaired Replacement

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