

Part 2 never received 3/13

# State Well Report

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Harvard  
 Date drilling completed: 02-13-06

Part 1  
 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: \_\_\_\_\_  
 Well #: U-61  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Eubanks Produce</u>	Latitude: <u>31° 00' 948"</u> Longitude: <u>88° 30' 466"</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (circle one): <u>45</u> Conventional Survey, <u>24</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 32 Twn T1W Rng R5W</u>
Telephone No. <u>(601) 949-9661</u>	Distance Direction Nearest Town <u>10</u> Miles <u>S</u> of <u>Loakesville</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 02-13-06 Date well drilling completed: 02-13-06

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

Static Water Level: 56 feet above or below (circle one) land surface Date measured: 02-14-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 114 Well depth: 114 Well grouted to a depth of 17 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 94 feet Casing diameter: 4 inches Type of casing: PVC 540

Screen length: 20 feet Screen diameter: 4 inches Type of screen: WSP PVC

Screen slot size: .010 inches Setting depth: From 94 feet to 114 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael S. Harvard 0-673 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 MAR 28 2006  
 BY: OLWR

