

Part 2 never received 3/13

# State Well Report

## 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)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Howard  
 Date drilling completed: 02-15-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: U-62  
 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' 430"</u> Longitude: <u>88° 30' 728"</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (circle one): <u>26</u> Conventional Survey, <u>43</u>
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 32 Twn T15 Rng R5W</u>
Telephone No. <u>(601) 947-9661</u>	Distance Direction Nearest Town <u>10</u> Miles <u>S</u> of <u>Leakesville</u>

**Well Data**

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

Date well drilling started: 02-15-06 Date well drilling completed: 02-15-06

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

Static Water Level: 56 feet above or below (circle one) land surface Date measured: 02-16-06

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC 540

Screen length: 20 feet Screen diameter: .012 inches Type of screen: WOP PVC

Screen slot size: .012 inches Setting depth: From 115 feet to 135 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. Howard 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

RECEIVED  
MAR 28 2006  
BY: OLWR

