

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. Havard
Date drilling completed: 05-12-06

For Office Use Only:
Aquifer: _____
Well #: U-63
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>Subanks Produce (06049)</u> | Latitude: <u>31° 03' 58"</u> Longitude: <u>89° 27' 42"</u> |
| Mailing Address: <u>331 Produce Ln</u> | Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>25</u> |
| <u>Lucedale</u> MS <u>39452</u> | USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code | <u>SW 1/4 SE 1/4</u> Sec <u>19</u> Twn <u>T1N</u> Rng <u>R5W</u> |
| Telephone No. <u>(601) 947-9461</u> | Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>HWY 594</u> |

Well Data

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

Date well drilling started: 05-12-06 Date well drilling completed: 05-15-06

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

Static Water Level: 116 feet above or below (circle one) land surface Date measured: 05-15-06

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

Hole depth: 238 Well depth: 238 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 218 feet Casing diameter: 4 inches Type of casing: PVC 540

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

Screen slot size: .012 inches Setting depth: From 218 feet to 238 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. Havard 0-673
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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U-63

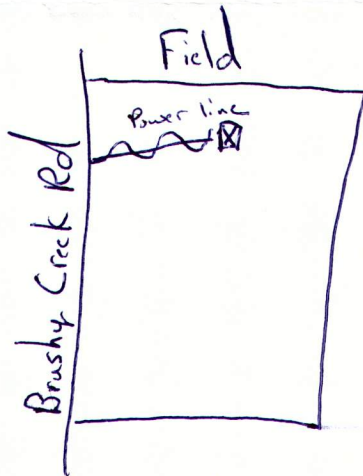
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Topsand | 0 | 2 |
| silt | 2 | 44 |
| Clay | 44 | 50 |
| silt | 50 | 58 |
| sand | 58 | 65 |
| sand med-coarse | 65 | 95 |
| silt | 95 | 140 |
| Clay | 140 | 165 |
| Sand | 165 | 170 |
| Clay | 170 | 185 |
| Sand | 185 | 188 |
| Clay | 188 | 196 |
| Sand (med) | 196 | 220 |
| Sand (med-coarse) | 220 | 238 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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) indicate direction.



Landowner Name: Eubanks Produce (0106049)

[Signature]

 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 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. Havard
 Date completed: 05-18-06

For Office Use Only:

Aquifer: _____
 Well #: U-63
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Eubanks Produce</u> | Latitude: <u>N31°03.58'</u> Longitude: <u>W88°27.42'</u> |
| Mailing Address: <u>331 Produce Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Lucedale MS 39452</u> | _____ ¼ _____ ¼ Sec <u>14</u> Twn <u>T1N</u> Rng <u>R5W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 947-9661</u> | <u>2</u> Miles <u>S</u> of <u>Hwy 594</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>05-18-06</u> | Setting Depth: <u>210</u> feet |
| Rated Pump Capacity: <u>85</u> Gallons Per Minute | Number of Stages: <u>15</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>05-18-06</u> | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>116</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>155</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>39</u> Feet Below Land Surface | Well yielded <u>73</u> GPM with a drawdown of |
| Test Pumping Rate: <u>73</u> Gallons Per Minute | <u>39</u> feet after <u>5</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>5</u> hours | |

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

Michael S. Havard 0-673 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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