

# 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: Michaels Havard  
Date drilling completed: 9-04-07

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: U-76  
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>Charles Eubanks</u>   | Latitude: <u>31° 00' 039"</u> Longitude: <u>88° 30' 622"</u>                                   |
| Mailing Address: <u>P.O. Box 121</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>02</u> <u>37</u> |
| <u>Lucedale MS 39452</u>             | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS   |
| City State Zip Code                  | <u>1/4 1/4 Sec 32 Twn T1W Rng R5W</u>  |
| Telephone No. <u>(601) 947-3003</u>  | Distance Direction Nearest Town  |
|                                      | <u>1 Miles N of Georgia/Greene line</u>  |

**Well Data**

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

Date well drilling started: 9-04-07 Date well drilling completed: 9-04-07

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 9-04-07

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 107 feet Casing diameter: 4 inches Type of casing: PVC 540 BE

Screen length: 10 feet Screen diameter: 4 inches Type of screen: WOP PVC

Screen slot size: .006 inches Setting depth: From 107 feet to 117 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.**

Michaels Havard 0-673  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

**RECEIVED**  
**OCT 29 2007**  
**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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Havard  
 Date completed: 9-04-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: U-76  
 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>Charles Eubanks</u>                     | Latitude: <u>N30°00.039</u> Longitude: <u>W88°30.622</u>  |
| Mailing Address: <u>P.O. Box 121</u>                   | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <del>Hand-held GPS</del> Survey-grade GPS |
| <u>Lucedale</u> MS <u>39452</u><br>City State Zip Code | ____ 1/4 ____ 1/4 Sec <u>32</u> Twn <u>T1N</u> Rng <u>R5W</u>   |
| Telephone No. <u>(601) 947-3003</u>                    | Distance Direction Nearest Town<br><u>1</u> Miles <u>N</u> of <u>Georgic/Greene County, MS</u>                |

| Pump Type<br>Circle one  | Power Type<br>Circle one                   |
|--|--|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket Piston Turbine  | <del>Electric Motor</del> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____            |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5HP</u>    |
| Date Pump Installed: <u>9-04-07</u>                              | Setting Depth: <u>105</u> feet             |
| Rated Pump Capacity: <u>27</u> Gallons Per Minute                | Number of Stages: <u>12</u>                |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>9-04-07</u>                           | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>             |
| Static Water Level (A): <u>68</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet   |
| Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface    | Well yielded <u>38</u> GPM with a drawdown of<br><u>12</u> feet after <u>4</u> hours of pumping |
| Test Pumping Rate: <u>38</u> Gallons Per Minute            |   |
| Duration of Pump Test (minimum 4 hours): <u>4</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

**RECEIVED**  
 OCT 29 2007  
 BY: OLWR