

*Secon*

County: Secon

Permit #: SW 10676

Driller: \_\_\_\_\_

Date drilling completed: \_\_\_\_\_

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39226  
 (601)961-5210  
 (601)961-5228 (fax)

*Verma Quad*

**For Office Use Only**

Aquifer: \_\_\_\_\_

Well #: U-98

I. S. Elevation: \_\_\_\_\_

S-log #: \_\_\_\_\_

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.

**Information on Well Owner**  
 (Landowner if borehole is not for a water well)

Owner Name: Allen Eubanks

Mailing Address: 331 Produce Rd  
Lucedale, Ms. 39452  
 City State Zip Code

Telephone No. ( ) \_\_\_\_\_

Well or Borehole Location  
 Latitude: 31° 00' 01" Longitude: 90° 01' 01"

Method of Lat/Long (circle one): Conventional Survey,  Hand-held GPS,  Survey-grade GPS

USGS quad, SE NE 1/4 Sec 35 Twp 14 Rng 5W

Distance 4 Miles Direction NE of Nearest Town Rocky Creek MS

*31-01-22  
88-30-10*

**Well / Borehole Data**

Date drilling started: 4-20-09 Date drilling completed: 4-21-09 Hole depth: 170 Hole diameter: 13 1/4

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 (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Scientific Survey \_\_\_\_\_ Other (describe): \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 102 feet above or below (circle one) land surface Date measured: 4-21-09

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

Well depth: 167 Well grouted to a depth of 12 feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 127 feet Casing diameter: 8 inches Type of casing: Sch 80 pvc

Screen length: 40 feet Screen diameter: 8 inches Type of screen: Sch 80 pvc Sanded

Screen slot size: .012 inches Setting depth: From 167 feet to 127 feet

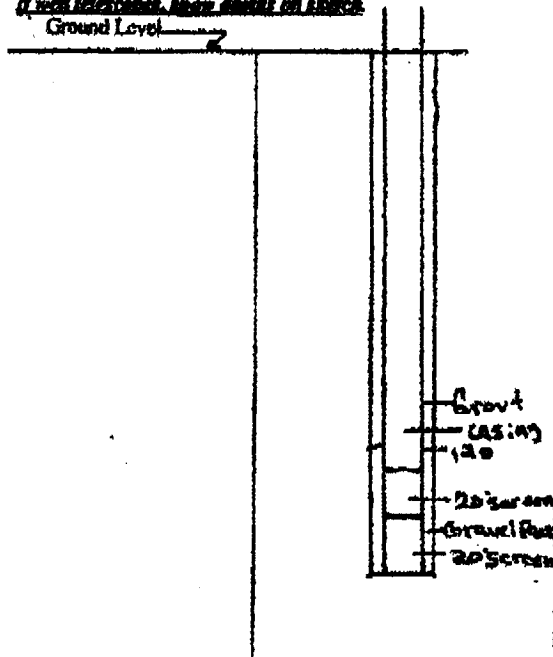
Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

If well references, show depth on sketch

Ground Level →



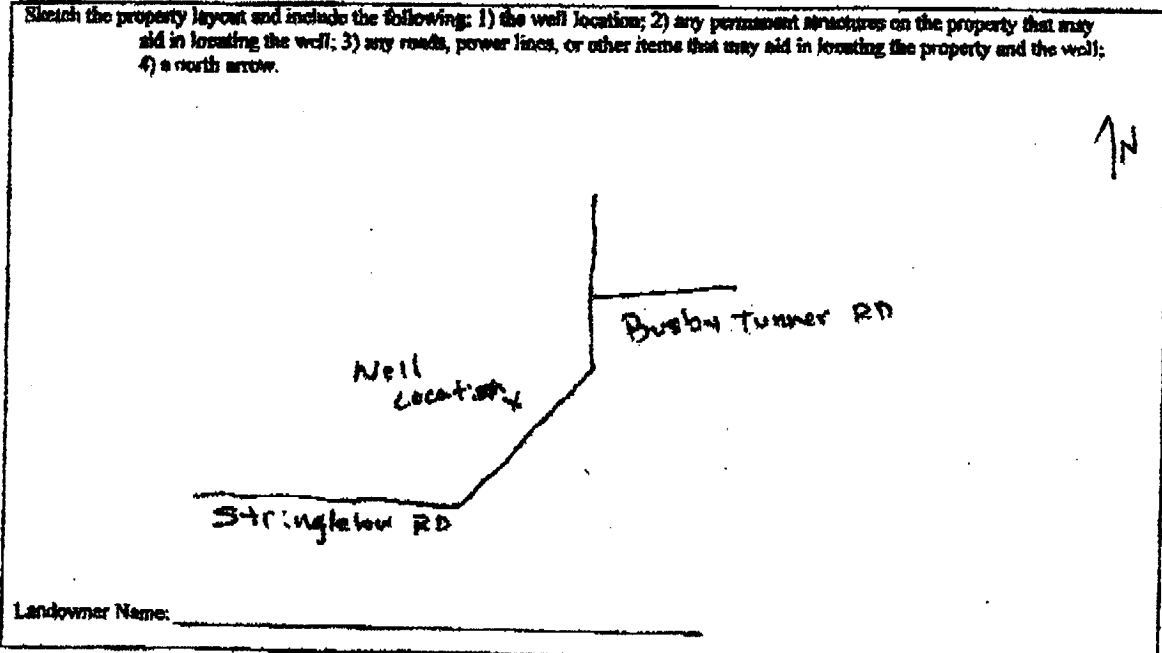
well and boreholes unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Back clay		15
Course sand	15	60
Course clay	60	130
Course sand	130	160

U-98

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) a north arrow.



Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A (04/08)

I 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.

Raymond Havens 0661 5-1-09      *[Signature]*  
 Print Name of Responsible Licensor and License No.      Date      Signature of Licensor

### 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 39224  
 (601)961-5210  
 (601)961-5228 (fax)

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: U-98  
 Elevation: \_\_\_\_\_

*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>Allen Eubanks</u>	Latitude: <u>36.99 53</u> Longitude: <u>88.45 20</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Lucedale, Ms 39452</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 29 T 1 N R 5 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4 Miles NE of Rocky Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>4.23.09</u>	Setting Depth: <u>148</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>102</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>300</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.

Raymond Havers \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer