

County: Greene
 Permit #: GW 116678
 Driller: Michael S. Havard
 Date drilling completed: 4-22-09

State Well Report
Part 1 - Driller's Log

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 #: U100
 L. S. Elevation: _____
 E-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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Eubanks Produce</u> Mailing Address: <u>331 Produce Rd</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. <u>(601) 947-9661</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 01' 52" 51</u>; Longitude: <u>88° 29' 34" 55</u> Method of Lat/Long (circle one): Conventional Survey, <u>(55)</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW 1/4 SW 1/4</u> Sec <u>21</u> Twn <u>T1N</u> Rng <u>R5W</u> Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>Crakesville</u></p>
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Well / Borehole Data

Date drilling started: 4-12-09 Date drilling completed: 4-22-09 Hole depth: 450 Hole diameter: 7.5 → 450' ^{14.5 → 370'}

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 _____
 Seismic 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: 176' feet above or below (circle one) land surface Date measured: 4-24-09

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

Well depth: 450 Well grouted to a depth of 100 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 370 feet Casing diameter: 8 inches Type of casing: 340 steel welded

Screen length: 80 feet Screen diameter: 5T inches Type of screen: 5T w/ R S.S.

Screen slot size: .012 inches Setting depth: From 370 feet to 450 feet

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

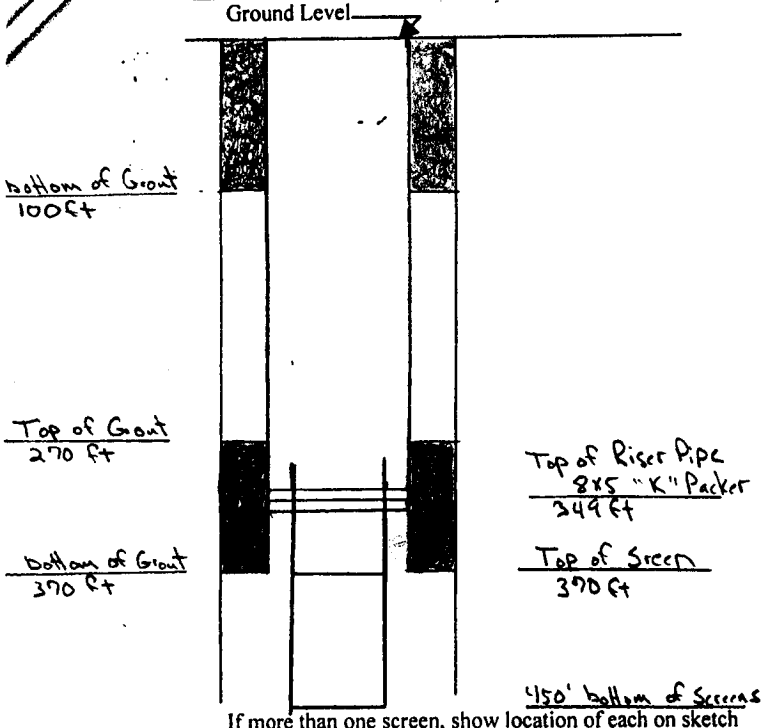
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

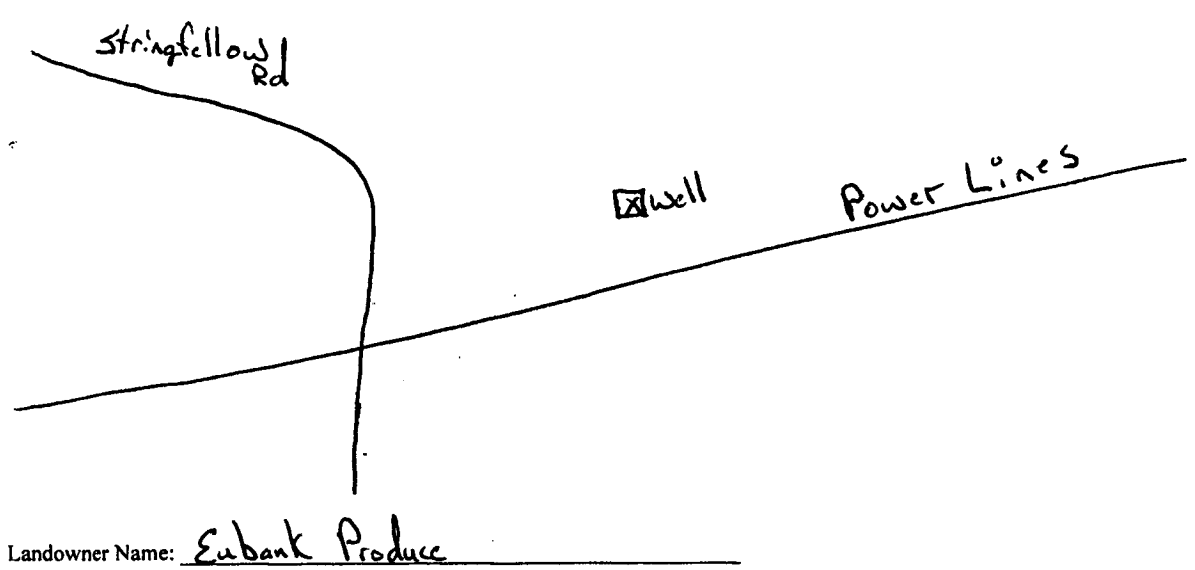
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	28
Sand (med)	28	55
Clay	55	102
Sand (med)	102	125
Clay	125	165
Sand (fine-med)	165	168
Clay	168	225
Sand (fine-med)	225	235
Clay	235	245
Sand (fine)	245	340
Sand (med)	340	375
Sand (med-coarse)	375	450

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.



Form: OLWR-SWR-1A

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.

Print Name of Responsible Licensee and License No. Michael S. Havard 0-673 Date 5-12-09

Signature of Licensee *[Handwritten Signature]*

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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: 4-24-09
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: U100
 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>Eubanks Produce</u>	Latitude: <u>33° 01' 20" N</u> Longitude: <u>88° 29' 55" W</u>
Mailing Address: <u>331 Produce Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Lucedale MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW SW 1/4 Sec 21 T10N R15W</u>
Telephone No. <u>(601) 947-9661</u>	Distance Direction Nearest Town <u>8 Miles SE of Leakesville</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>50 HP</u>
Date Pump Installed: <u>4-28-09</u>	Setting Depth: <u>304 ft</u> feet
Rated Pump Capacity: <u>325</u> Gallons Per Minute	Number of Stages: <u>5 stage</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-24-09</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>176</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>197</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>470</u> GPM with a drawdown of
Test Pumping Rate: <u>470</u> Gallons Per Minute	<u>21</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</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]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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