

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)

County: Greene
Permit #: _____
Driller: Michael S. Howard
Date drilling completed: 10-05-09

For Office Use Only:
Aquifer: _____
Well #: U103
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Eubanks Produce</u>	Latitude: <u>31° 00' 09"</u> Longitude: <u>88° 30' 30"</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>Lucerdale MS 39452</u>	<u>NW 1/4 SE 1/4 Sec 32 Twn 11N Rng R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-9461</u>	<u>1/2</u> Miles <u>N</u> of <u>George Co.</u>

Well / Borehole Data

Date drilling started: 10-05 Date drilling completed: 10-06 Hole depth: 493 Hole diameter: 4.5

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): MDEQ

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: _____ feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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*

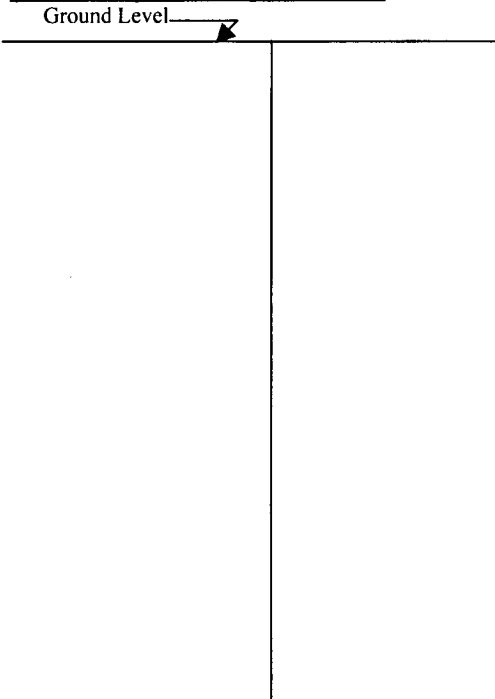
Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

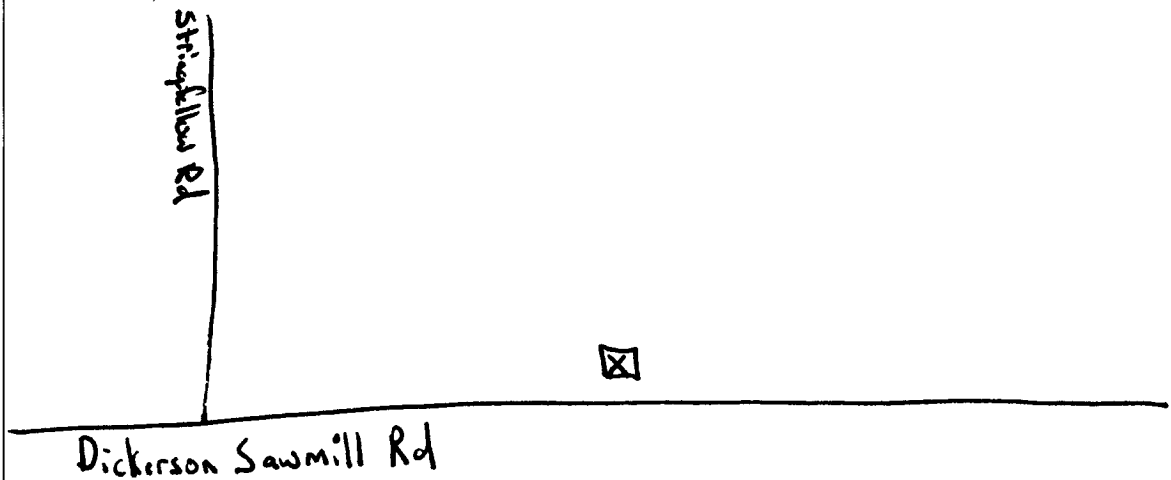


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsand	Ground Level	5
Silt	5	15
Sand	15	65
Clay	65	68
Sand	68	120
Silt	120	155
Sand	155	180
Clay	180	260
Sand, strips for Silt	260	320
Clay	320	460
Sand	460	475
Sand	475	493

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: Eubanks Produce

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.

Michael S. Harvard 0-673 10-16-09
Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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