

# STATE WELL REPORT

314

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Havard  
 Date drilling completed: 1-22-2021

**Part 1  
 Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: U132  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Eubanks Produce R34 N2</u>	Latitude: <u>31° 2' 56.41" N</u> Longitude: <u>W 88° 27' 33.94" W</u>
Mailing Address: <u>331 Produce Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	<u>SE</u> ¼ <u>NW</u> ¼, Sec. <u>14</u> T <u>T1N</u> R <u>R5W</u>
City State Zip Code	<u>9.25</u> Miles <u>SE</u> of <u>Lakesoille</u>
Telephone No. <u>(601) 947-9661</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-21-2021 Date drilling completed: 1-22-2021 Hole depth: 245 Hole diameter: 7.5

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 (check all applicable):  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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

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

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

Static Water Level: 135 feet  above or  below land surface Date measured: 1-23-2021  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 245' Well grouted to a depth of: 15 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 225' feet Casing diameter: 4" inches Type of casing: Pvc 540 BE

Screen length: 20' feet Screen diameter: 4" inches Type of screen: Pvc WOP

Screen slot size: .010 inches Setting depth: From 225' feet to 245' feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

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

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

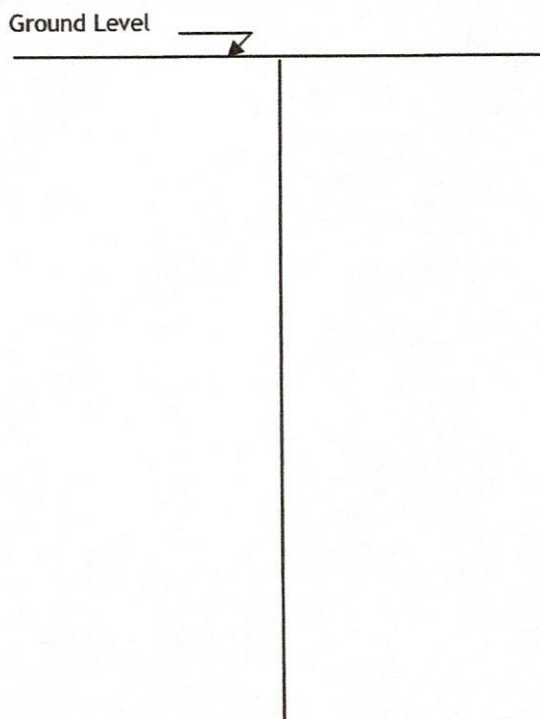
*If telescoped or more than one screen, describe on next page*

RECEIVED  
 MAR 24 2021  
 BY OLWR

County: Greene  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells  
If well telescopes, show depths on sketch.



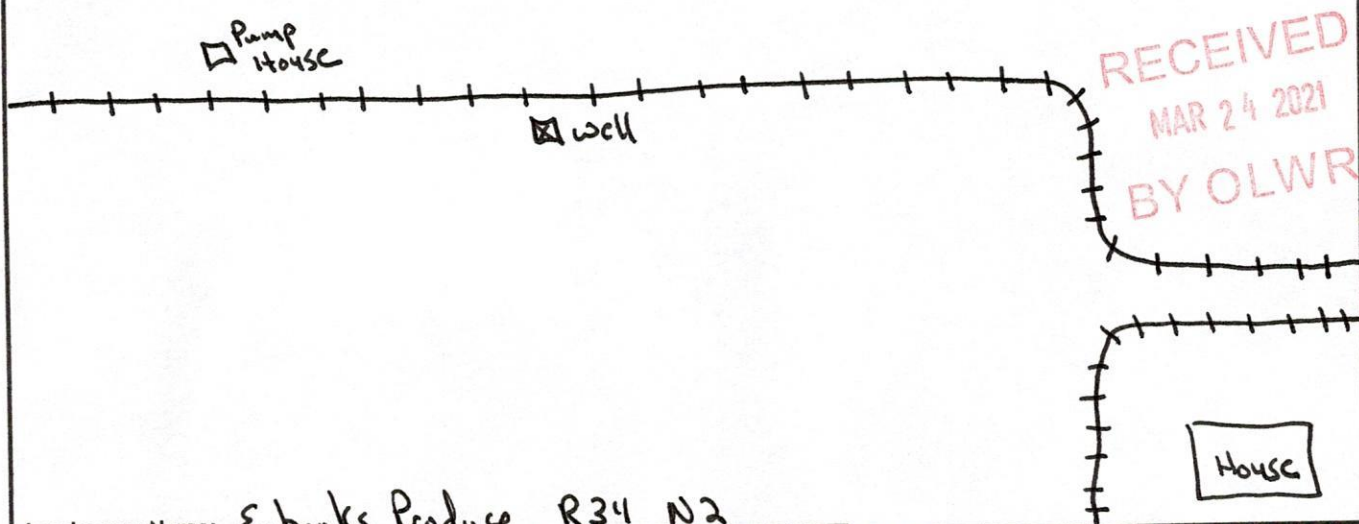
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Topsand	Ground level	15
Sand	15	95
Clay	95	120
Sand	120	145
Clay (Blue)	145	220
Sand	220	245

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) north arrow



Landowner Name: Eubanks Produce R34 N2

I HEREBY 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. Havard 0-693  
 Print Name of Responsible Licensee and License No.

1-23-2021  
 Date

[Signature]  
 Signature of Licensee

# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael S. Havard  
 Date completed: 1-25-2021  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: U 132  
 Aquifer: \_\_\_\_\_

*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>Embanks Produce R34 N2</u>	Latitude: <u>31°2'56.41"N</u> Longitude: <u>98°27'33.94"W</u>
Mailing Address: <u>331 Produce Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> MS <u>39452</u>	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>14</u> T <u>T1N</u> R <u>R5W</u>
City State Zip Code	<u>9.25</u> Miles <u>SE</u> of <u>Leakesville</u>
Telephone No. (601) <u>947-9461</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 1-25-2021 Rated Pump Capacity: 55 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 Setting Depth: 210 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-23-2021 Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 135 Feet Below Land Surface Pumping Water Level (B): 155 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Michael S. Havard 0-673 1-25-2021 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 MAR 24 2021  
 BY OLWR

# Eubanks Produce

R34

Legend  
R28

R34 N1 R34 N2

R34 E

Brushy Creek Rd



Google Earth

© 2021 Google

700 #