	STATE!	WELL DEPODT				
County: Stone	STATE WELL REPORT Part 1		For Office Use Only:			
Permit #:	Driller's Log		Well #: <u>D55</u>			
Driller: Michael S. Hayard	Mississippi Department of Environmental Quality		Aquifer:			
	Office of Land and Water Resources P.O. Box 2309		E-Log #:			
Date drilling completed: 1-15-2015		on, MS 39225-2309 601)961-5210				
	(601)360-0535 (fax)					
State Law requires that this report Department at the above address w						
Well Owner Informat	ion		hole Location			
(Landowner if borehole is not for	,	Latitude: 30 49'21.17"N Lor	ngitude: 89° 1'41.64" W			
Owner Name: Eubanks Produce	(12003)					
Mailing Address: 331 Produce P	load	Method of Lat/Long (check one	): Conventional Survey,			
		USGS quad, Hand-held G	PS, Survey-grade GPS			
Licabile ms	39467	52 1/ Sta 1/4, Sec_	31 TT25 RRIDIL			
Lucedale MS City State						
Telephone No. (681) 947-9461	State Zip Code 2 Miles 5 of White's Crossing (Distance) (Direction) (Nearest Town)					
		orehole Data	77/.1			
Date drilling started: 1-14-2015 Date drilling completed: 1-15-2015 Hole depth: 128 Hole diameter: 7'/4"						
Location of the source of any surface water used for drilling:						
Method of dosing and volume of Chlori	ne used in drilling a	nd development:				
Logs run (circle all applicable): No log r	Electric Gamm	na Ray Density Sonic Neutro	on Other:			
Name of organization running log(s): _	· · · · · · · · · · · · · · · · · · ·					
Purpose of borehole (circle one): Water	Well Geotechni	ical/Geological Investigation	Ground Source Heat Pump			
Seism	ic Survey Other	(describe)				
If drilling is not rel	ated to water well c	onstruction, skip the remainder	of this block			
Purpose of Well (circle all applicable):	Home Industrial	Public Supply dingation	Fish Culture			
Other (describe):						
If a flowing well, method of flow regul	ation: Valve	Other (describe)				
Static Water Level: 52' feet	[above or below (circle one)	land surface Date measured	1: 01-15-2015			
Method of measurement (circle one)	teel tape Electric	tape Air line Other (describe):				
Well depth: 128' Well grouted to a	depth of: 12'	eet Type of grout (circle one):	Neat Cement Bentonite Mix			
Casing length: 108' feet Ca	asing diameter:	<u>Y"</u> inches Type of c	easing: Prc S40 BE			
Screen length:	creen diameter:	<u>u</u> inches Type of	screen: PIC WOP			
Screen slot size: 20° inches	Setting depth:	From 108' feet to	1281 feet			
Type of completion (circle all applicabl	e): Gravel packed	Inderreamed Open hole	Natural Development			

If telesconed or more than one screen describe on next nace

Other (describe):

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

County: Stone			For Office Use	Only:
Permit #:	i i	Wall	. <u>055</u>	_
Perint #:		Wett	•	
The sketch below only r	equired for water wells	Description of formations encounter and boreholes, unless specifically ex	ed must be provide empted by regulation	d for all wells
If well telescopes, show	depths on sketch.			
Ground Level		Description of Formations Encountered	From (depth) Ground level	To (depth)
	1	Top-Sand		16
		Sand	26	26 28
		Clay	28	45
		Sand	45	46
		Sand (med)		75
			75	
		Sand Concell		45
		Sand (med-coarse)	95	178
		<u> </u>		
	,			
If more than one screen, sh	ow location of each on sketch			
Sketch the property layout ( 1) the well location 2) any permanent struc 3) any roads, power lin 4) north arrow	tures on the property that may a	id in locating the well n locating the property and the well		
	2 1	House		•
	Port of the state	(Re)	PAZ BO	e//
	Power Line	And And		
		constructed, and completed in accord	lance with all and	icable
requirements of the Miss if applicable, and state l	issippi Department of Environ	mental Quality and the Mississippi De	partment of Health	regulations,
Michael S. Havas	d 0693 le licensee and license No	1-23-2015 Mark	ative of Licenses	

## STATE WELL REPORT

## County: Stance Permit #: Driller: Michael S. Havard Date completed: 1-15-2015 Copy information from block on Part 1 This part of the report must be completed for the completed and both

## Part 2

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources

Mississippi Department of Environmental Quali Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

For Office Use Only: Well #:	
Aquifer:	

(601	) 360-0535 (fax)			
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 D  Well Owner Information	epartment at the above address within 30 days of well completion.  Well Location			
Owner Name: Eubanks Praduce (15003)	Latitude: 36°41'21.17"N Longitude: 88°1' 41.51"W			
Mailing Address: 331 Produce Road	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Lucidale MS 39452 City State Zip Code	14 14, Sec 31 T T25 R R NOW			
City State Zip Code				
Telephone No. ( <u>Gal</u> ) <u>447-9661</u>	Distance)  Miles Sof Whites Crossing (Nearest Town)			
Pump Ty	pe (circle one)			
Satismersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):				
Date Pump Installed: 1-15-2015 Rated Pump Capacity: 85 Gallons Per Minute				
Is This Pump (circle one): New Repaired Replacement				
Power Type (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):				
Horse Power Rating of Motor: Setting Depth: feet Number of Stages:				
Pump Test Data for Non Flowing Well				
Date Well Tested: 1-15-2015 Duration of Pump Test (minimum 4 hours): 4 hours				
Static Water Level (A): 52' Feet Below Land Surface Pumping Water Level (B): 68' Feet Below Land Surface				
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: 87.5 Gallons Per Minute				
Method of measurement (circle one): Steel tape				
Pump Test Data for Flowing Well				
Measured shut in head:feet.				
Well yieldedGPM with a drawdown of	feet afterhours 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 (circle 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.				

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Michael S. Havard 0673	1-22-2015 121/	
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer	