	State Well Report	······································
County: Fornest	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmenta	al Quality Aquifer.
Permit #: 0 - 586	Office of Land and Water Resource	
Driller: JAMES WELLS	P.O. Box 2309	Well #:
	Jackson, MS 39225	L. S. Elcvation:
Date drilling completed: 7-24-08	(601)961- 5210 (601)961- 5228 (fax)	
		E-log #:
	t be prepared by the license holder respo	
	within 30 days of completion of drilling	
Information on Well ((<i>Landowner if borehole is not fa</i>		Well or Borehole Location
	Tatituda, 0	' Longitude:'
Owner Name LB Saucie	<u>`</u>	
200 - <~	th Rd. Method of Lat/Lo	ong (circle one): Conventional Survey,
Mailing Address: <u>399 T 50</u>		Hand held GDS Survey and GDS
	-	, Hand-held GPS, Survey-grade GPS
Halling L.	053911A144	sec_18
Hatties blug (DJI401	
		Direction Nearest Town NE of Hattiesburg
Telephone No. (601) 582-26		······································
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AUG 1 3 2008 BY: OLWR

B-154

The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level_____

ound Level		Description
K		
		<u></u>
	-	

Description of forma	<u>utions encountered</u>	<u>l must be provided</u>	for all
wells and boreholes.	unless specifically	<u>exempted by regi</u>	ulations

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground Level	3
clay	2	130
sand	130	140
clay	140	210
sand	210	215
clay	215	340
rand	340	410
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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.

B Saucier Landowner Name:

Form: OLWR-SWR-IA (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

Date

JAMES WELLS 0.586

Print Name of Responsible Licensee and License No.

amos Walls

Signature of Licen

AUG 1 3 2008

BY: OLWR

STATE WELL REPORT			
County: Farrest	Part 2 Pump Installer's Completion Report	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality	Aquifer:	
Driller: JAMES WELLS	Office of Land and Water Resources P.O. Box 2309	B-154	
Date completed: 7-24-08	Jackson, MS 39225 (601)961-5210	Well #:	
Copy information from block on Part 1	(601)961-5228 (fax)	Elevation:	

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Other (specify): _

Date Pump Installed:

Rated Pump Capacity:

7-24-08

50

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 Info	rmation	1	well Location	
	.B Sauci		Latitude:	Longitude:	
Mailing Address:	349 T 5	mith Rd.	Method of Lat/Lor	ng (check one): Convention	onal Survey,
Ĥ	affiesburg City st	M5 <u>3940</u>) ate Zip Code	•	Hand-held GPS, Sur ¹ /8 Sec_/8	
			Distance	Direction Nearest 7	ſown
Telephone No.	11,582-2	2610		NE of Hatt	iesburg_
	Pump Typ Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: 7-24-08	Circle one
Static Water Level (A): 130 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
-	Other (specify):
umping Water Level (B):Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head:feet
est Pumping Rate:Gallons Per Minute	Well yielded <u>50</u> GPM with a drawdown of
uration of Pump Test (minimum 4 hours):hours	feet after hours of pumping

_Gallons Per Minute

Horse Power Rating of Motor: ____

Setting Depth: ___

Number of Stages: _

180

3

feet

I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge.
JAMES NEWS 0-586	James Walls
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer
	Form: OLWR-SWB-1B (04/08)
	RECEIVED

AUG 1 3 2008 BY: OLWR