State Well Report				
Part 1 – Driller's Log  Mississippi Department of Environmental Quality		Oriller's Log	For Office Use Only:	
county.	Mississippi Department of Environmental Quality   Aquifer		Aquifer:	
Permit #:	Office of Land and Water Resources		Well #: F- 152	
Driller: Michael S. Havard	P.O. Box 10631 Jackson, MS 39289-0631		L. S. Elevation:	
Date drilling completed: 8-29-08	· · · · · · · · · · · · · · · · · · ·	961-5210		
	(601)354	4-6938 (fax)	E-log #:	
State Law requires that this report Department at the above address	rt be prepared by the lice	ense holder responsible for t sletion of drilling of the well	he work and filed with the or borehole.	
Information on Well (			rehole Location	
(Landowner if borehole is not fo	or a water well)	1 1 2 2 2 5 5 5 7 1 3 1 maintain 00° 39 7 7 4 "		
Owner Name Stephen Saw	<b>د</b> ۳	Latitude: 30°50', 24" Longitude: 88°39', 74"  Method of Lat/Long (circle one): Conventional Survey,		
	•	Method of Lat/Long (circle on	ne): Conventional Survey,	
Mailing Address: 105 August	Lane	USGS quad, Hand-held	GPS Survey-grade GPS	
		NW 14 NW 14 Sec 35	Twn Tas Rng R7U	
Lucidale M	<u>s 39452</u>	3/		
City Sta	te Zip Code	Distance Direction 3.5 Miles	Neares Town of Lucedak	
Telephone No. ( <u>601</u> ) <u>766 - 1851</u>				
	Well / Bore	hole Data		
Date drilling started: 8-21-08 Date dr	illing completed: 8-29-0	Hole depth: 82	Hole diameter: 714	
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): Logs run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):				
Purpose of borehole (check one): Water Well X 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 X Industrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 8-29-08				
Method of Measurement (circle one) steel tape electric tape air line other:				
Well depth: 82 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 72 feet Casing diameter: 4 inches Type of casing: Puc 540 BE				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: Puc \$40 wop				
Screen slot size: . OOS inches Setting depth: From 72 feet to 62 feet				

Underreamed Telescoped Open hole

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

Type of completion (circle all applicable): Ciravel packet

Top of lap pipe or reduction in casing: \_

Other (describe):

Form: PECEIVED

Natural Development

OCT 0 6 2008

BY: OLWR

The sketch	below onl	ly rea	quired .	for	water wells

I	f well	telescopes,	show	depths	on	sketch.
	Gro	ound Level		7		

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	5
Clay	5	8
Sand (med)	8	16
Sand (caarse)	16	36
Class.	36	47
Sand (med)	الله	82
	-	
		-
		<del> </del>
		1
		<del>                                     </del>
	_	
		-

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.
Power Pole Trup. Itouse
Landowner Name: Stephen Sawyer

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.

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BY: OLWR

## STATE WELL REPORT

## Part 2

County: George

Date completed: 8-24-08

Telephone No. (601) 766-1851

**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)

For Office Use Only:	
Aquifer:	
Well #: F-152	
Elevation:	

Copy information from block on Part 1 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: Stephen Sawyer Latitude: N30°50.22 Longitude: W88°39. 74 Mailing Address: 105 August Lane Method of Lat/Long (check one): Conventional Survey USGS quad\_\_\_\_, Hand-held GPSX, Survey-grade GPS\_\_\_ 14 14 Sec 35 T Tas R &γ W Nearest Town Direction 3.5 Miles 54 of Luceda

	Pump Type 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):	
Other (specify):		<del></del>	Horse Power Rating	of Motor:	
Date Pump Installed: _	8-29-08		Setting Depth:	73	feet
Rated Pump Capacity:	19	Gallons Per Minute	Number of Stages: _	9	<del></del>

Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 8-29-08 Electric Measuring Line Air Line Steel Tape Static Water Level (A): \_\_\_\_\_\_\_\_\_\_\_\_\_ Feet Below Land Surface Other (specify): Pumping Water Level (B): 35 Feet Below Land Surface Drawdown [(B) – (A)]: \_\_\_\_\_ Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet Test Pumping Rate: \_\_\_\_ 30 GPM with a drawdown of Gallons Per Minute Well yielded feet after hours of pumping 10 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours

I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.
Michael S. Havard 0.673	Mild little
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR