State W	ell Report	For Office Use Only:		
1 Carrata 1/1// N=3/ 4 1	Part 1			
Mississippi Departmen	t of Environmental Quality	Aquifer: <u> </u>		
	Office of Land and Water Resources P.O. Box 10631			
1 7 7 7	IS 39289-0631	L. S. Elevation:		
) Date strong verification (1 to 2 to	tate drilling completed: (601) 961-5210 (601) 354-6938 (fax)			
	duition in detail and filed w	ith the Department within		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information	/	Location		
Owner Name Tommy Saucier	Latitude: 30.34.13.8	Longitude <u>088 · 48 · 7.14</u> "		
Mailing Address: BigBurn Rd.	Method of Lat/Long (circle or	e): Conventional Survey,		
		GPS Survey-grade GPS		
VIOCEAUP. ME 3515105 20 1/4 Sec 3.		7 Twn 755 Rng 88 W		
City State Zip Code	SE NE 3' Distance Direction	2. Negrest Tourn		
Telephone No. (208) (167-460)	Distance Direction 63/4 Miles	of Varchame		
Well I) Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 1-30-12 Date well drilling completed: 1-30-12				
If flowing, method of flow regulation: ValveOther (describe)				
Static Water Level: feet above of below (circle one) land surface Date measured: 1-30-12				
Method of Measurement (circle one) steel tape electric tape (air line other:				
Hole depth: 193 FT Well depth: 193 FT Well grouted to a depth of 10 feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 182 feet Casing diameter: 2 inches Type of casing: PUC				
Screen length: 10 feet Screen diameter:inches Type of screen:PVC				
Screen slot size: 6006 inches Setting depth: From 182 feet to 172 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 back of page				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Jack Righdell O-472		RECEIVED		
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor		

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Ground Level	Description of Formations Encountered	From	To
	Top Soil	$+\dot{v}$	d
	Orange Clay	1 2	34
	prainte Coarse. Sand	1.3(1	4
	Due Clay	4/	17
	Carreel Sand	173	19
1	Start Charles	T	
			
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Signature of Water Well Contractor

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STATE WELL REPORT

County: Tackson Permit #: ____ Driller Constructor Well SRV. Date completed: 1/30/12

Part 2

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

For Office Use Only:			
Aquifer:			
Well #:	E186		
Elevation:			

	001) 354-6938 (fax)
This report should be prepared by the pump installer installation of pump.	in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name: Tommy Saucier	Latitude: 3534 13,80 Longitude: 685 48' 7,14"
Mailing Address: Big Burn Rd.	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad Hand-held GPS Survey-grade GPS
Vancleave Ms 35756 S City State Zip Code	Sw 1/4 Nw 1/4 Sec 33 Twn 735 Rng R8W
City State Zip Code	Distance Direction Nearest Town
Telephone No. 2005 (669 - 460)	69/4 Miles NW of VANcheme
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):	Horse Power Rating of Motor: AH.P.
Date Pump Installed:	Setting Depth: LOFT. Drop Pipe feet
Rated Pump Capacity: /2 Gallons Per Minute	e Number of Stages:
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	
Static Water Level (A): Feet Below Land Surface	
Pumping Water Level (B): NA Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:
Test Pumping Rate: 12 Gallons Per Minute	Well yielded 24 GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	s NA feet after NA hours of pumping

I HEREBY CERTIFY that the above statements are true to the best o	f my knowledge.	RECEIVED
Tack Ridadell D-4-12 Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	FEB-1 6 2012
		s PriBAY-PascQUL,WYR