

State Well Report

Part 1

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 #: Q-48
L. S. Elevation:
E-log #:

County: Benton
Permit #:
Driller: R. MEDLIN
Date drilling completed: 5-10-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information: Cornerstone Baptist Ch
Well Location: N.A.
Mailing Address: Hwy 2, E 1337 Hickory Flat MS 38633
Telephone No: 662-333-6991
Latitude: N.A. Longitude: N.A.
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 Sec 13 Twn S-5 Rng 1 E
Distance 3 Miles Direction E of Nearest Town Hickory Flat

Well Data
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Church
Date well drilling started: 4-25-07 Date well drilling completed: 5-10-07
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 160 feet above or below (circle one) land surface Date measured: 5-8-07
Method of Measurement (circle one) steel tape electric tape air line other: 1/2" cord weight
Hole depth: 690 Well depth: 690 Well grouted to a depth of 22 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 400 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC
Screen length: 60 feet Screen diameter: 4 3/4 inches Type of screen: Sch 40 PVC
Screen slot size: 0.13 inches Setting depth: From 660 feet to 690 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.
Print Name of Water Well Contractor and License No. Ronnie MEDLIN 0429
Signature of Water Well Contractor

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BY OLWR

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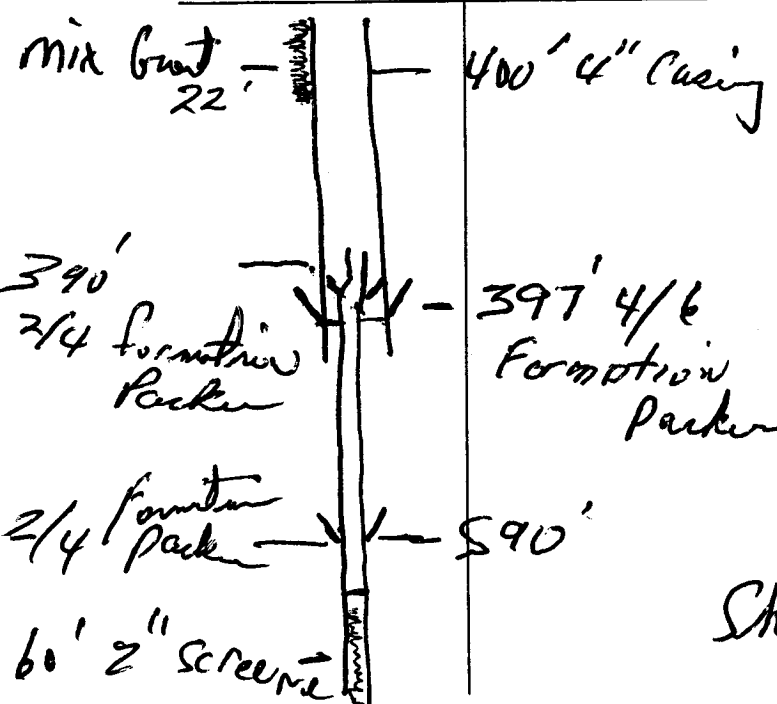
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Q-48

If well telescopes please sketch below and show depths.

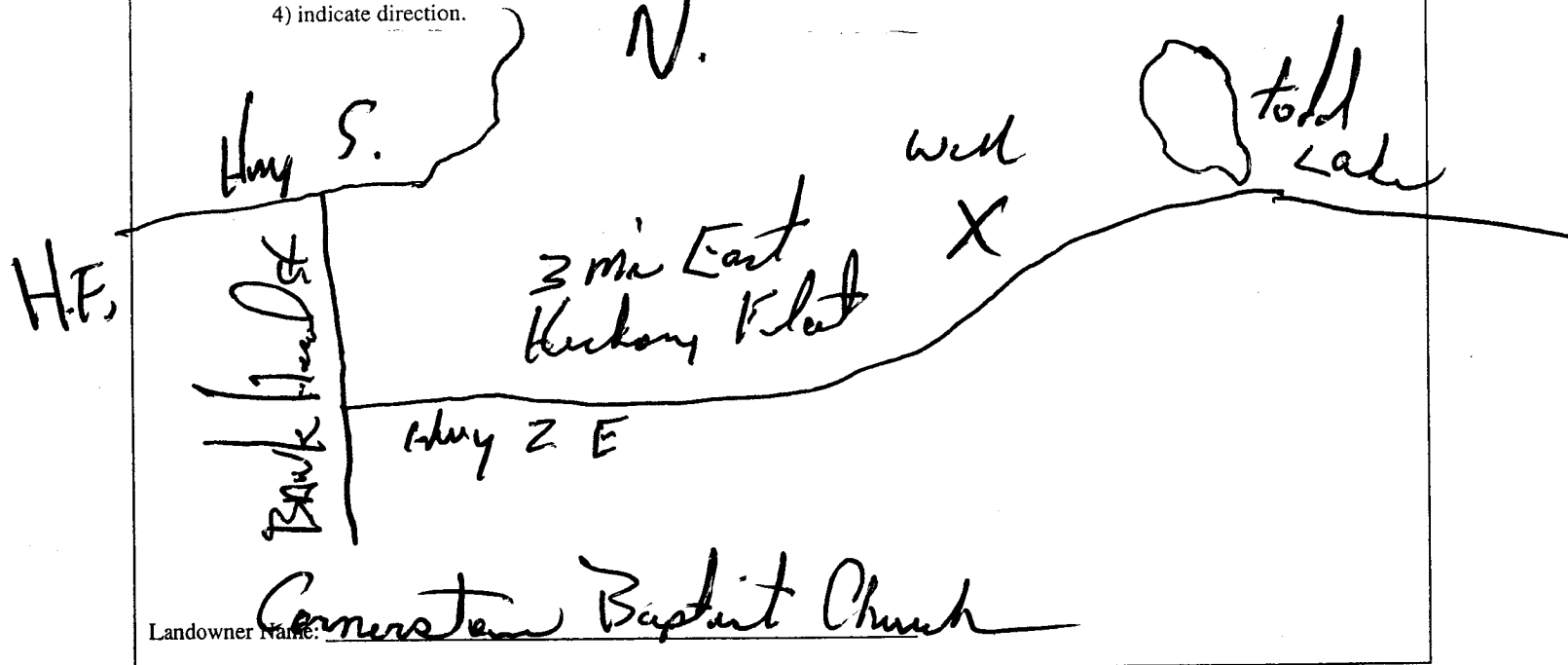
Ground Level



Description of Formations Encountered	From	To
top soil Red Clay	0	80
Mix Rock, Red Sand	80	200
Blue Clay, Rocky white Sand, Iron water	200	320
Blu Clay	320	500
Shell Rock	500	580
Shell aquifer	580	690

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) indicate direction.



Landowner Name:

Ron Phillips 0429
 Signature of Water Well Contractor

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STATE WELL REPORT

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
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: Q-48

Elevation: _____

County: Benton
 Permit #: _____
 Driller: R. Medlin
 Date completed: 5-10-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Cornerstone Baptist Ch</u>	Latitude: <u>NO</u> Longitude: <u>NA</u>
Mailing Address: <u>1337 Hwy 2, E</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hickory Flat MS 38633</u> City State Zip Code	1/4 1/4 Sec <u>13</u> Twp <u>1-S</u> Rng <u>1-E</u>
Telephone No: <u>662-333-4991</u>	Distance Direction Nearest Town <u>3</u> Miles <u>E</u> <u>Hickory Flat</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>5-8-07</u>	Setting Depth: <u>200'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-8-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): <u>Nylon Cord w/ weight</u>
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</u> feet after <u>9</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>9</u> hours	

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

Ronnie Medlin 0-429 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR

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PROCEDES

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