

# 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 #: B172  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 6-27-09

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

Owner Name: Rev. Freddie Green  
Mailing Address: Travel Rest M.B. Church  
P.O. Box 7  
Duncan MS 38740  
City State Zip Code  
Telephone No. (662) 902-5253

### Well Location

Latitude: 34° 06' 05" N Longitude: 090° 44' 52" W  
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey  
USGS quad, Hand-held GPS Survey-grade GPS  
NW 1/4 NW 1/4 Sec 29 Twn 26N Rng 5W  
Distance 2 1/4 Miles Direction W of Nearest Town Alligator

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: flushing Toilets  
Date well drilling started: 6-27-09 Date well drilling completed: 6-27-09  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 31' feet above or below (circle one) land surface Date measured: 6-27-09  
Method of Measurement (circle one) steel tape electric tape air line other: loop & weight  
Hole depth: 100' Well depth: 98' Well grouted to a depth of 12 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 88 feet Casing diameter: 4 inches Type of casing: PVC SCH 40  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted  
Screen slot size: .013 inches Setting depth: From 88 feet to 98 feet  
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_  
Top of tap pipe or reduction in casing: -0- 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.

Willie L. Bryant 0-639  
Print Name of Water Well Contractor and License No.

Willie L. Bryant  
Signature of Water Well Contractor

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BY: OLWR



# 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)

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 6-27-09

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B172  
 Elevation: \_\_\_\_\_

**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>Rev. Freddie Green</u>	Latitude: <u>34° 06.05' N</u> Longitude: <u>090° 44.52' W</u> <small>03 31</small>
Mailing Address: <u>Travel Rest M.B. Church</u> <u>P.O. Box 7</u> <u>Duncan MS 38740</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW ¼ NW ¼ Sec 29 Twn 20N Rng 5W</u>
Telephone No. ( <u>662</u> ) <u>902-5253</u>	Distance Direction Nearest Town <u>2 ¼</u> Miles <u>W</u> of <u>Alligator</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed <u>6-27-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-27-09</u>	Air Line              Electric Measuring Line              Steel Tape
Static Water Level (A): <u>31'</u> Feet Below Land Surface	Other (specify): <u>Rope &amp; weight</u>
Pumping Water Level (B): <u>33'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>2</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Willie L. Bryant 0-639                      Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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