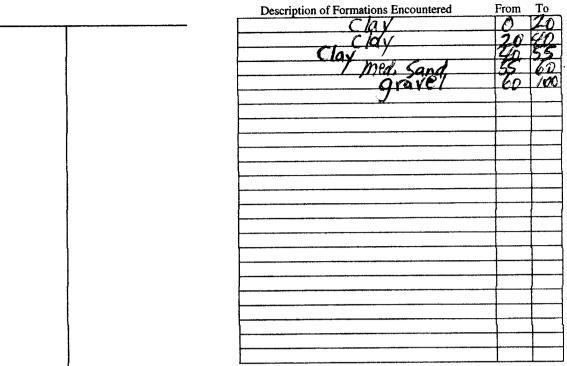
State W	ell Report					
County: DPCO 40	Part 1	For Office Use Only:				
Mississippi Departmer	nt of Environmental Quality	Aquifer:				
Unice of Land a	and Water Resources Box 10631	Well #: E- 92				
Jackson, A	<b>AS 39289-06</b> 31	L. S. Elevation:				
	961-5210	A. O. DIOVALIOU.				
(601)35	(601)354-6938 (fax)					
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	Wal	Location				
Owner Name Bethlehem CME Church		V Longitude <u>090° 12.15 <sup>W</sup></u>				
Mailing Address: C/O Cynthig Jones	Method of Lat/Long (circle or	e): Conventional Survey,				
6391 Poplar Corner Rd.	USGS quad, Hand-held	GPS) Survey-grade GPS				
$\frac{\mathcal{W}G}{\mathcal{C}ity} = \frac{MS}{State} = \frac{38}{2ip} \frac{\mathcal{C}g\mathcal{U}}{\mathcal{C}ity}$	4 4 Sec_12_	Rng 10 W				
Telephone No. $(\frac{662}{78/-3124})$	Distance Direction	of Lake Commarant				
Well Data						
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other: TOILEAS				
Date well drilling started: <u>10-5-06</u> Date						
If flowing, method of flow regulation: Valve Other (c						
Static Water Level: _18feet above on below (circle one)						
Method of Measurement (circle one) steel tape electric tape	air line other: Ro	ped weight				
Hole depth: _/C U Well depth: _/C U	_ Well grouted to a depth of _	10 feet				
Type of grout (circle one): Cement Bentonite Mix						
Casing length: <u>70</u> feet Casing diameter: <u>4''</u>	inches Type of casing:	PYC 160				
Screen length:feet Screen diameter:						
Screen slot size: 013 inches Setting depth: From		/00 feet				
Type of completion (circle all applicable): Gravel packed? Under	reamed Telescoped Open	hole Natural Development				
Other (describe):						
Top of lap pipe or reduction in casing: feet. If te	elescoped or more than one scr	een, 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 a	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	- Wills	t. But t				
Print Name of Water Well Contractor and License No.		Water Wehl Contractor				
		RECEIVED				

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0CT 2 0 2006 BY: OLWR If well telescopes please sketch below and show depths.





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.			
Church			
utill Putting			
Howse			
7 Bly the Rd> 1			
1+////////////////////////////////////			
Stat. Dry			
Landowner Name: Red hight Bethichen CME Church			

Willo L. Buja J Signature of Water Well Contractor

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E-92

· •		ELL REPORT	1		
County: <u>Deso to</u> Permit #: Driller: <u>WillieL. Bryan</u> t Date completed: <u>10-5-06</u>	Pump Installer' Mississippi Departmen Office of Land P.O. J Jackson, N	Part 2 s Completion Report at of Environmental Qu and Water Resources Box 10631 4S 39289-0631 9961-5210	ality Aquifer: Well #:		
	(601)35	(601)354-6938 (fax)			
This report should be prepared by th installation of pump. Well Owner Informat		li and flied with the Di	Well Location	ys of the	
Dwner Name: <u>Bethlehem Ch</u>	,			Longitude: 090° 12.15 11	
Aailing Address: C/D Cynthia	- /	Method of Lat/Long (circle one			
6391 Poplar	4	USGS qui	ad, (Hand-held GPS) Sur	-held GPS) Survey-grade GPS	
it/alls M5 City State	-		Sec_12_Twn_2_		
Telephone No. (662) 731-3124	Ý		W of Lake	اد	
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	
entrifugal Rotary	Flowing Well	Windmill	Other (specify):		
Other (specify):	and a star of the		of Motor:	1	
Date Pump Installed: <u>10-5-0 6</u>		Setting Depth:feet			
Rated Pump Capacity:	_Gallons Per Minute	Number of Stages:	88		
Pump Test Data Date Well Tested:		Meth	od of Measuring Water Circle one	Levei	
181		Air Line Ele	ctric Measuring Line	Steel Tape	
A	Below Land Surface	Other (specify):	pet weight		
Drawdown [(B) - (A)]:Feet	Below Land Surface	For flowing well, me	asured shut in head:	feet	
Test Pumping Rate:12	_Gallons Per Minute	Well yielded	GPM with a	drawdown of	
Duration of Pump Test (minimum 4 hours)	hours	fe	et after1	ours of pumping	
I HEREBY CERTIFY that the above stater Willie L. Bryan + Print Name of Pump Installer and License I	0-639	Willie à	Pump Installer		
rink Name of Pump Installer and License	NO. (II applicable)	Signature of	rump matalier	RECEIV	

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