

### State Well Report

#### Part I

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39209-0631  
 (601)961-5210  
 (601)954-8938 (fax)

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Serv  
 Date drilling completed: 6-3-11

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: R-240  
 L. S. Elevation: \_\_\_\_\_  
 A-log #: \_\_\_\_\_

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	Well Location
Owner Name: <u>Victory Family Church</u>	Latitude: <u>32° 09' N</u> Longitude: <u>90° 16' W</u>
Mailing Address: <u>6725 E-55 South</u>	Method of Location (circle one): <input checked="" type="checkbox"/> Conventional Survey
<u>Bryam, MS 39212</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>14</u> N Sec <u>32</u> Twp <u>3N</u> Rng <u>1W</u>
Telephone No. (601) <u>572-5257</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>S</u> of <u>Bryam</u>

**Well Data**

Purpose of Well (circle one)  Mining  Industrial  Public Supply  Irrigation  Fish Culture  Other: Church

Date well drilling started: 5-10-11 Date well drilling completed: 6-3-11

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 86' feet above or below (circle one) land surface Date measured: 6-3-11

Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Hole depth: 250' Well depth: 206 Well grouted to a depth of 40' feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 186 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 1008 inches Setting depth: From 186 feet to 206 feet

Type of completion (circle all applicable):  Gravel packed  Underdrains  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of log 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 logs: \_\_\_\_\_

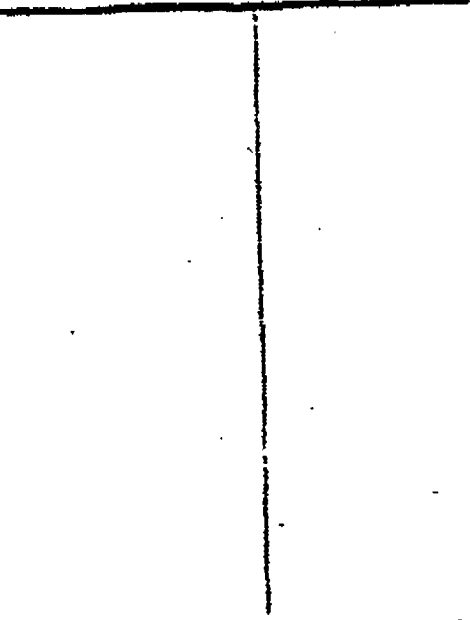
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

Arnold Fincher Jr #0-560  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

If well intersects please sketch below and show depths.

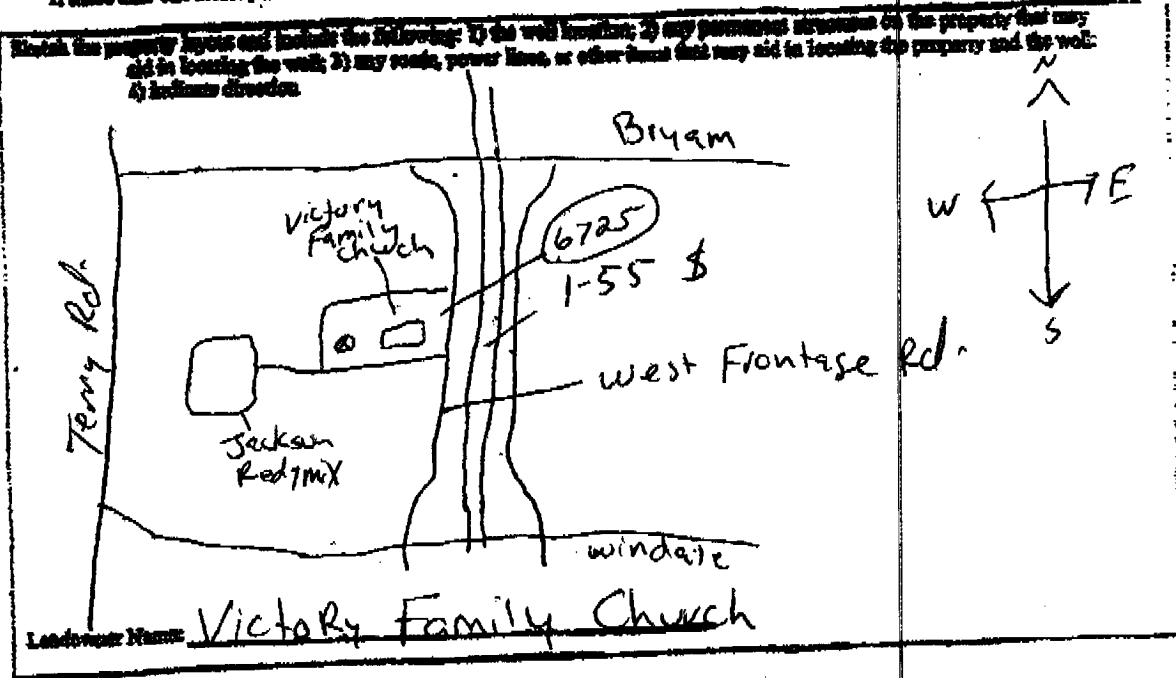
Ground Level



Description of Formation Encountered

	FROM	TO
Green clay	0	48
Rock	48	53
Green clay	53	80
sand streaks	80	90
Clay	90	148
Lime stone	148	150
shale	150	180
Lime stone	180	185
SAND	185	206
Green clay	206	207
Gravel	207	210
Green clay	210	-

If more than one meter, show location of each on sketch



*[Signature]*  
 Secretary of Water Well Council

### 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)961-6210  
 (601)354-6938 (fax)

For Office Use Only:

Agenter: \_\_\_\_\_

Well #: R24C

Elevation: \_\_\_\_\_

County: Hinds  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 6-5-11

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>Victory Family Church</u>	Latitude: <u>32°09'11</u> Longitude: <u>90°16'39</u>
Mailing Address: <u>6725 F-55 South</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Bryam MS 39212</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 27 Twn 3N Rng 1W</u>
<u>Paster James</u>	Distance Direction Nearest Town
Telephone No. <u>(601) 572-5257</u>	<u>3 miles S of Bryam</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>1</u>
Date Pump Installed: <u>6-4-11</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-4-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>86</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>54</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>54</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.

Arnold Fincher Jr 0-560 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer