

County Jackson
 Permit #: 0-780
 Driller: J. Kline
 Date drilling completed: 9-23-12

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D366
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>New Hope Church</u> Mailing Address: <u>2104 Hwy 614</u> <u>Healy MS 39555</u> City State Zip Code Telephone No. <u>(228) 588-3956</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 39' 04.8" N</u> Longitude: <u>88° 28' 42.4" W</u> 18 23.4 28.8 52.8 48 25.4</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>33</u> Twn <u>45</u> Rng <u>6W</u> SE SW Direction <u>34</u> Nearest Town <u>1</u> Miles <u>East</u> of <u>Healy, MS</u></p>
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Well / Borehole Data

Date drilling started: 9-23-12 Date drilling completed: 9-23-12 Hole depth: 50 Hole diameter: 4

Location of the source of any surface water used for drilling: Asuka, MS
 Method of dosing and volume of Chlorine used in drilling and development: 4 gal chlorine 2000 water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 3 feet above below (circle one) land surface Date measured: 9-23-12

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

Well depth: 50 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40 1"

Screen slot size: 10 inches Setting depth: From 40 feet to 50 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 next page*

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D366
 Elevation: _____

County: Jackson
 Permit #: 0-780
 Driller: L. Pierce
 Date completed: 9-23-12
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>New Hope Church</u>	Latitude: <u>30-39-048</u>	Longitude: <u>88-28-428</u>	
Mailing Address: <u>2104 Hwy 614</u>	Method of Lat Long (check one):	<input type="checkbox"/> Conventional Survey	<input type="checkbox"/> 22
<u>Henry MS 39452</u>	USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/>	Survey-grade GPS _____
City State Zip Code	<u>NE SE</u> Sec <u>37</u> T. <u>45</u> R. <u>6W</u>	<u>SE SW</u> Direction <u>34</u>	Nearest Town
Telephone No. <u>(228) 588-3956</u>	<u>1</u> Miles <u>east</u> of <u>Hwy, MS</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>9-23-12</u>			Setting Depth: <u>30</u> feet		
Rated Pump Capacity: <u>20</u> Gallons Per Minute			Number of Stages: <u>10</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>9-23-12</u>	<u>Air Line</u>	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>20</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>20</u> GPM with a drawdown of		
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>48</u> hours			

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

JOEL PIERCE
 Print Name of Pump Installer and License No. (if applicable)

Joel Pierce
 Signature of Pump Installer BY: OLWR
 Form: OLWR-SWR-1B (04/08)

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SEP 23 2012

