

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 #: ~~A-101~~
 L. S. Elevation: M595
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Service
 Date drilling completed: 11-5-04

Coast Water Well Service, Inc.

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: Pathway Baptist Church
 Mailing Address: Lily Orchard RD
MOSS POINT MS 39562
 City State Zip Code
 Telephone No. (228) 588-9596

Well Location

Latitude: 30° 33' 32.1" Longitude: 088° 27' 48.1"
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS
 USGS quad, (Hand-held GPS) Survey-grade GPS
NE 1/4 NW 1/4 Sec 35 Twn 7SS Rng R5W
 SE Distance 2 Miles Direction SE Nearest Town Big Point

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 11-5-04 Date well drilling completed: 11-5-04
 If flowing, method of flow regulation: Valve N/A Other (describe) _____
 Static Water Level: 5 feet above or below (circle one) land surface Date measured: 11-5-04
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 84' Well depth: 84' Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 74 feet Casing diameter: 2 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 74 feet to 84 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: N/A 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): N/A

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.

Jack Ridgdell 0472
 Print Name of Water Well Contractor and License No.

Jack Ridgdell
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

~~H-101~~ M1595

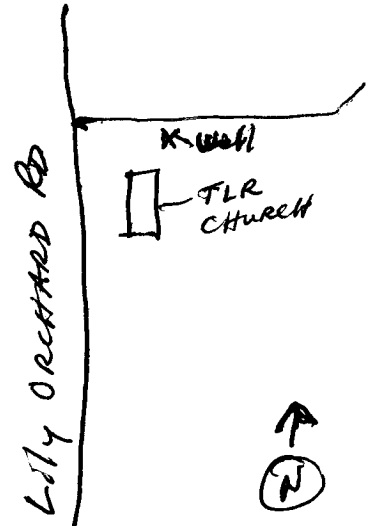
Ground Level

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Description of Formations Encountered	From	To
Top Soil	0	2
Orange Clay	2	10
White Coarse Sand	10	84

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: Pathway Baptist Church

Jack Ridgell
 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 #: H-101

Elevation: 1595

County: JACKSON
 Permit #: _____
 Driller: COASTWATERWELLSRV
 Date completed: 11-5-04

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>Pathway Baptist Church</u> Mailing Address: <u>1514 Lily Orchard Rd</u> <u>MOSS POINT, MS 39562</u> City State Zip Code Telephone No. <u>208 588-9596</u>	Latitude: <u>30°33'321"</u> Longitude: <u>088°27'451"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE</u> ¼ <u>NW</u> ¼ Sec <u>35</u> Twn <u>T58</u> Rng <u>R5W</u> SE Distance Direction <u>2</u> Nearest Town <u>65</u> <u>2</u> Miles <u>SE</u> of <u>Big Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible Bucket <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): <u>1 HP Goulds</u> Date Pump Installed: <u>11-18-04</u> Rated Pump Capacity: <u>8</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>40' Dropper</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-04</u> Static Water Level (A): <u>5</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>8</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>6</u> hours	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>N/A</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping

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

David Moyer 0-714P
 Print Name of Pump Installer and License No. (if applicable)

David Moyer
 Signature of Pump Installer