

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 #: F-218Q-566
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: Coast Water Wells, Inc
 Date drilling completed: 12-3-04

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>Finnish Lutheran Church</u> ^{OF Kreole}	Latitude: <u>30° 23' 918"</u> Longitude: <u>088° 29' 401"</u>
Mailing Address: <u>5601 Sandy Lane</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Miss Point Ms 39562</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 33 Twn 77S Rng R5W</u>
Telephone No. <u>(228) 475-1013</u>	Distance Direction Nearest Town
	<u>2 Miles ENE of PASCAGOULA</u>

Well Data

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

Date well drilling started: 12-2-04 Date well drilling completed: 12-3-04

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 12-3-04

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

Hole depth: 273' Well depth: 273' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 263 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 263 feet to 273 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 Ridgedell 0-472
 Print Name of Water Well Contractor and License No.

Jack Ridgedell
 Signature of Water Well Contractor

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 #: F-218 Q-566

Elevation: _____

County: Tackson

Permit #: _____

Driller: Coast Water Well Serv.

Date completed: 12-3-04

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

Owner Name: Finnish Lutheran Church of Kreote

Mailing Address: 5601 Sandy Lane

MassPoint MS 39562
City State Zip Code

Telephone No. (228) 475-1013

Well Location

Latitude: 30°23'918" Longitude: 088°29'401"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS Survey-grade GPS

NE 1/4 NW 1/4 Sec 33 Twn T7S Rng R5W

Distance Direction Nearest Town

2 Miles ENE of PASCAGOULA

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12-4-04

Rated Pump Capacity: 7 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 60' drop pipe feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 12-4-04

Static Water Level (A): 45 Feet Below Land Surface

Pumping Water Level (B): — Feet Below Land Surface

Drawdown [(B) - (A)]: — Feet Below Land Surface

Test Pumping Rate: 7 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____

For flowing well, measured shut in head: — feet

Well yielded 7 GPM with a drawdown of

— feet after — hours of pumping

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

Johnny Elkins 0-716P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer