

County: L A Wance  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 2-25-09

**State Well Report**  
**Part I - 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 #: L-66  
 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><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Hopwood Baptist Church</u>        Mailing Address: <u>126 Hopwood Ln</u>  <u>Silwan Creek Ms</u>  <u>39863</u>        City State Zip Code  <u>601</u> <u>8867508</u>        Telephone No. _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 28' 45"</u> Longitude: <u>89° 57' 48"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS <u>20W</u>  <u>SE 1/4 SE 1/4 Sec 13 Twn 6N Rng 12E</u>        Distance Direction Nearest Town  <u>6</u> Miles <u>SE</u> of <u>Silwan Creek</u></p>
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**Well / Borehole Data**

Date drilling started: 2-25-09 Date drilling completed: 2-25-09 Hole depth: 80 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek water  
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 shock

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: 2 feet above or below (circle one) land surface Date measured: 2-25-09

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 60 feet to 80 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)

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 2-25-09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-66  
 Elevation: \_\_\_\_\_

*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>Hepsibeth Baptist Church</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>126 Hepsibeth Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Silver Creek, MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>39663</u>	_____ 1/4 _____ 1/4 Sec. <u>13</u> T. <u>6N</u> R. <u>12E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>601 886 7504</u>	<u>6</u> Miles <u>SK</u> of <u>Silver Creek</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 HP</u>
Date Pump Installed: <u>2-25-09</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-09</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>15</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.

JAMES WELLS 0-586      James Wells  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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

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