

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-61 G530**
L. S. Elevation _____
E-log # _____

County Lincoln 085
Permit # _____
Driller LL Easley
Date drilling completed 3-18-05

Easley Water Well Services

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 Solid Rock Penacostal Church
Mailing Address 3222 Quitman Ln
Brookhaven MS 39601
City State Zip Code

Well Location

Latitude 31° 31' 46" Longitude 90° 32' 38"
Method of Lat/Long (circle one): Conventional Survey.
USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ SW ¼ Sec 31 Twn 7N Rng 7E
Distance 6 Miles Direction W of Nearest Town Brookhaven

Well Data

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

Date well drilling started: 3-18-05 Date well drilling completed: 3-18-05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 3-18-05

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

Hoie depth 180 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 010 inches Setting depth: From 140 feet to 160 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 back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other

Name of organization running log(s) _____

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.

Easley Waterwell 510
Print Name of Water Well Contractor and License No.

J J Easley
Signature of Water Well Contractor

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BY: OLWR

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)

County Lincoln
 Permit # _____
 Driller LL Easley
 Date completed 3-18-05

For Office Use Only

Aquifer G530
 Well # F61
 Elevation: _____

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>Solid Rock Pentacostal Church</u>	Latitude <u>31-31-46</u> Longitude <u>90-32-38</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey
_____	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>31</u> Twn <u>7N</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify) _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>10</u>
Date Pump Installed <u>3-18-05</u>	
Rated Pump Capacity <u>12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-18-05</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>10</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.

Brian Easley 0-739P
 Print Name of Pump Installer and License No. (if applicable)

Brian Easley
 Signature of Pump Installer

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