

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 # ~~E-65~~
I. S. Elevation 6555
I-log # _____

Lincoln
Owner LL Easley
Date drilling completed 3-18-05

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

Well Location
Latitude 31° 31' 46" Longitude 90° 32' 37"

Mailing Address
Brookhaven MS 39601
City State Zip Code

Method of Lat/Long (circle one) Conventional Survey
USGS quad. Hand-held GPS. Survey-grade GPS
NE SW 1/4 Sec 31 Twn 7N Rng 7E
Distance 6 Miles W of Brookhaven

Telephone No. _____

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 tap air line other

True depth 180 Well depth 160 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite M.S.

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) _____

Length of tap pipe or reduction in casing _____ feet If telescoped or more than one screen, describe on back of page

Log(s) (circle all applicable) No log run Electric Gamma Ra. 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

LL Easley
Signature of Water Well Contractor

RECEIVED
MAY 03 2006
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) 354-6138 (fax)

For Office Use Only

County Lincoln
 Permit # _____
 Installer LL Easley
 Date Completed 3-18-05

Aquifer _____
 Well # F-65
 Elevation 6555

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 Solid Rock Pentacostal Church
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone No. (____) _____

Latitude _____ Longitude _____
 Method of Lat/Long (circle one) Conventional Survey
 USGS quad. Hand-held GPS. Survey plot.
NE 1/4 SW 1/4 Sec 31 Twn 7N R. 7E
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type

Circle one

Power Type

Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify) _____
 Date Pump Installed 3-18-05
 Rated Pump Capacity 12 Gallons Per Minute

Diesel Engine Gasoline Engine
Electric Motor Hand
 Windmill Other (specify) _____
 Horse Power Rating of Motor 1
 Setting Depth 100 feet
 Number of Stages 10

Pump Test Data

Method of Measuring Water Level

Circle one

Date Well Tested 3-18-05
 Static Water Level (A) 70 Feet Below Land Surface
 Pumping Water Level (B) 80 Feet Below Land Surface
 Drawdown [(B) - (A)] 10 Feet Below Land Surface
 Test Pumping Rate 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours) 4 hours

A-Line Electric Measuring Line Stem
 Other (specify) _____
 For flowing well, measured shut in head _____
 Well yielded 12 GPM with a drawdown of 10 feet after 4 hours

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

Brian Easley 0-7399
 Print Name of Pump Installer and License No. (if applicable)

Brian Easley
 Signature of Pump Installer

RECEIVED

MAY 03 2006

BY: OLWR

