

County: PROCTOR
 Permit #: _____
 Driller: R. Langford
 Date drilling completed: 7-25-06

Well Driller Report and Well Log

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 #: Q-55
 L. S. Elevation: _____
 E-log #: _____

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>Assembly of God Church</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
Mailing Address: <u>Black Jack Road</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>GORDON</u>	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>8S</u> Rng <u>5W</u>		
<u>BATEVILLE MS</u>	Distance _____ Miles	Direction <u>W</u>	Nearest Town <u>1 mi N of Hwy #6 @ Cross Rd</u>
City _____ State _____ Zip Code _____			
Telephone No. (____) _____			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Church</u>			
Date well drilling started: <u>7-21-06</u>		Date well drilling completed: <u>7-25-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>140</u> feet above or below (circle one) land surface		Date measured: <u>7-25-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>220</u>	Well depth: <u>220</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>20</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>slotted PVC</u>	
Screen slot size: <u>.013</u> inches	Setting depth: From <u>190</u> feet to <u>200</u> 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): <u>No log run</u> 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.			
FRANK LANGFORD 0622		Signature of Water Well Contractor	
Print Name of Water Well Contractor and License No.			

If well telescopes please sketch below and show depths.

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0-55

Ground Level

Description of Formations Encountered

From To

DIRT	0	20
Red SAND	20	40
DARK CLAY	40	150
SAND	150	200
RAN OUT OF SAND		
200' KEPT DRILLING		
THOUGHT THERE MIGHT		
BE MORE SAND DEEPER		
NOT SO		
SO I PUT A 20 FT		
PIECE OF PIPE ON		
BOTTOM OF CASE + SCREEN		
AND BACK FILLED W/ SAND		
PUT PUMP IN AND LET IT		
RUN		
FOR ABOUT 48 HRS		
WATER WAS CLEAR		
AND GOOD WATER		

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: _____

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 #: Q-55
Elevation: _____

County: DAWSON
Permit #: _____
Driller: FRANK LANGFORD
Date completed: 7-25-06

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information

Owner Name: ASSEMBLY OF GOD CHURCH
Mailing Address: BLACK JACK RD
(SARDIS)
BATESVILLE MS
City State Zip Code
Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 29 Twn 8S Rng 5W
Distance Direction Nearest Town
1 Miles W of Highway 6-Coles, 27

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-25-06

Rated Pump Capacity: 12 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: 3/4

Setting Depth: 200 feet

Number of Stages: 12

Pump Test Data

Date Well Tested: 7-25-06
Static Water Level (A): 140 Feet Below Land Surface
Pumping Water Level (B): 140 Feet Below Land Surface
Drawdown [(B) - (A)]: 20 Feet Below Land Surface
Test Pumping Rate: 154 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 48 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 154 GPM with a drawdown of
20 feet after 48 hours of pumping

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

FRANK LANGFORD 0-612
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer

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AUG 24 2006

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