

State Well Report

Part 1 - Driller's 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)

County: Pike
Permit #: _____
Driller: Fitzgerald Well Services
Date drilling completed: 10-13-08

For Office Use Only:
Aquifer: _____
Well #: M-126
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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Progress Baptist Church</u>	Latitude: <u>31° 02' 43"</u> Longitude: <u>90° 19' 35"</u>
Mailing Address: <u>MT Herman Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Progress MS</u>	<u>Sw 1/4 Sw 1/4 Sec 17 Twn 1N Rng 9E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>Intersection of 575 and Mt. Herman Rd.</u>
Well / Borehole Data	
Date drilling started: <u>10-13-08</u> Date drilling completed: <u>10-13-08</u> Hole depth: <u>120'</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>98'</u> feet above or below (circle one) land surface Date measured: <u>10-13-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>120'</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>110'</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>Pvc</u>	
Screen slot size: <u>.012</u> inches Setting depth: From <u>110'</u> feet to <u>120'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

Pump set by Billy Gill.

Form: OLWR-SWR-1A

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

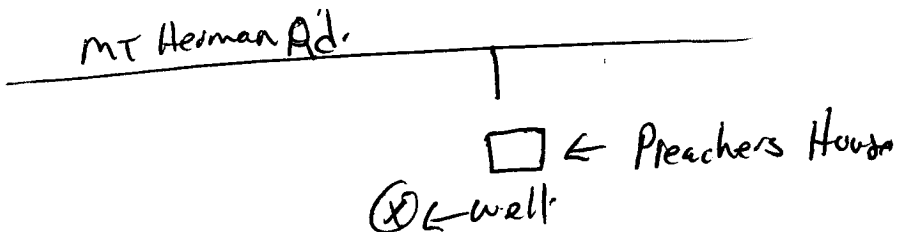
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Sand	20	60
Clay	60	80
Sand	80	100
Coarse Sand	100	120

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) a north arrow.



Landowner Name: Progress Baptist church

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Bruce Fitzgerald 024 10-13-08 Bruce Fitzgerald

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

County: D. Ke.
 Permit #: _____
 Driller: Fitzgerald
 Date completed: 10-21-08

For Office Use Only:

Aquifer: _____
 Well #: M-126
 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

Owner Name: Progress Baptist Church
 Mailing Address: ~~1800~~ Progress
Mr. Hermon Rd.
Oxford Miss 39657
 City State Zip Code
 Telephone No. (601) 542-3233

Well Location

Latitude: 31° 2.636' Longitude: 90° 19.45'
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
 Distance Direction Nearest Town
7 Miles E of Oxford

Pump Type
Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: 10-23-08

Rated Pump Capacity: 10 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: 1/2

Setting Depth: 115' feet

Number of Stages: 6

Pump Test Data

Date Well Tested: 10-23-08

Static Water Level (A): 99' Feet Below Land Surface

Pumping Water Level (B): 115' Feet Below Land Surface

Drawdown [(B) - (A)]: 16' Feet Below Land Surface

Test Pumping Rate: 9.5 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 5 hours

Method of Measuring Water Level
Circle one

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

For flowing well, measured shut in head: _____ feet

Well yielded _____ 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.

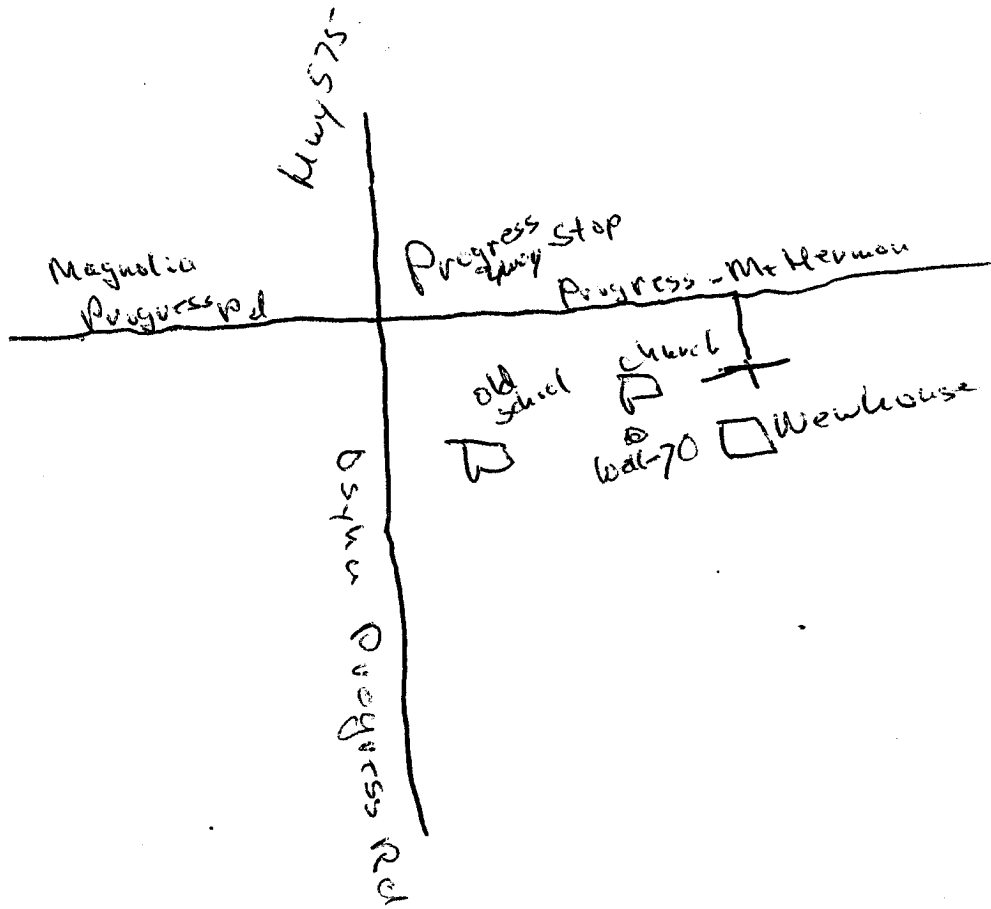
William A. Gill 0751P
 Print Name of Pump Installer and License No. (if applicable)

William A. Gill
 Signature of Pump Installer

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