

# 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 #: H-33  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PONTIAC  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: AUG 14, 06

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: Global Ministries  
Mailing Address: c/o West White  
Thaxton MS 38871  
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 11 Twn 10 S Rng 4 E  
Distance Direction Nearest Town  
8 Miles EAST of PONTIAC

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 8-9-06 Date well drilling completed: 8-14-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 190 feet above or below (circle one) land surface Date measured: 8-15-06  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 720 ft Well depth: 720 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 40 feet Casing diameter: 5 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: 10/10 inches Setting depth: From 680 feet to 720 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.

Leeper Drilling # 0079

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

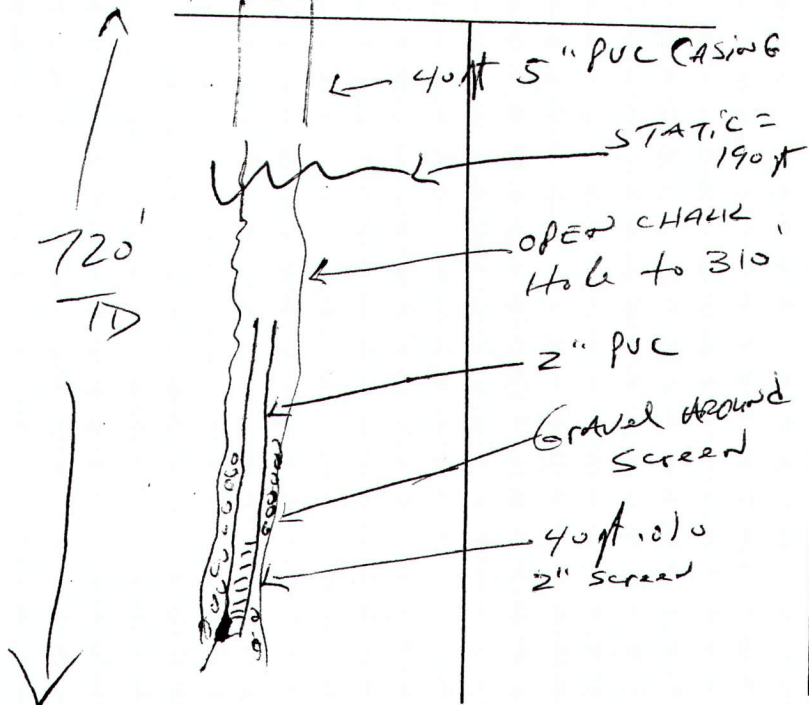
AUG 23 2006

BY: OLWR

H-33

If well telescopes please sketch below and show depths.

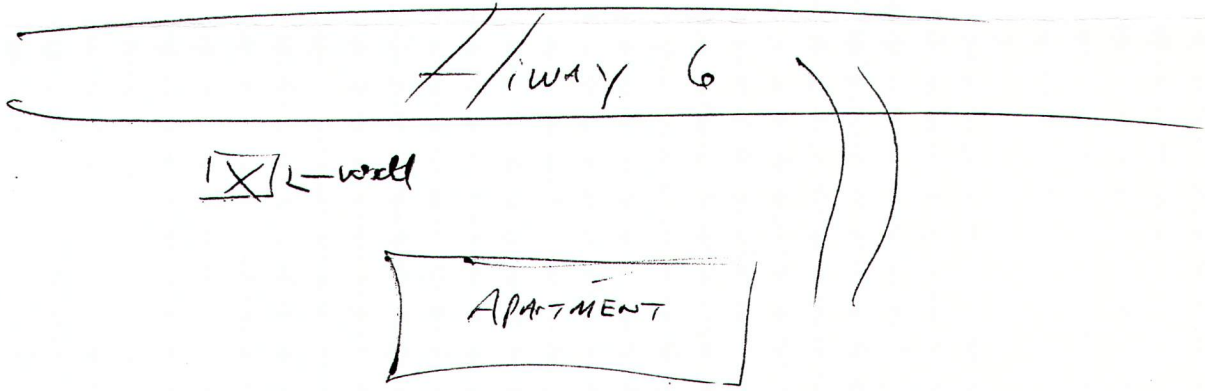
Ground Level



Description of Formations Encountered	From	To
TOP CLAY	0	10
Red SAND	10	20
BLUE CLAY	20	40
CHALK	40	310
Silty clay	310	580
SILTY SAND	580	640
SULTAN SAND	640	720

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: Global Ministries

Signature of Water Well Contractor

RECEIVED  
AUG 23 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)354-6938 (fax)

County: PONTOTOC  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 8-15-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-33  
 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>Global Ministries</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o West White</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Thaxton MS 38871</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City / State / Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>10S</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>8</u> Miles <u>EAST</u> of <u>PONTOTOC</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: _____
Date Pump Installed: <u>8-15-06</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-15-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>190</u> Feet <u>Below</u> Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Leeper Drilling #0079 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 AUG 23 2006  
 BY: OLWR