

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 #: K-2086
L. S. Elevation: _____
E-log #: _____

County: Rankin
Permit #: CW-15927
Driller: Herndon Well
Date drilling completed: 06-04-04

Herndon Well and Supply Inc

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>Sweethome Church East</u>	Latitude: <u>32.16.25</u> Longitude: <u>90.03.15</u>
Mailing Address: <u>City of Pearl</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Pearl</u> <u>MS</u> <u>3928</u>	<u>14</u> <u>14</u> <u>13</u> <u>25N</u> <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 932-3500</u>	Miles _____ of _____

Well Data

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

Date well drilling started: 04-19-04 Date well drilling completed: 06-04-04

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

Static Water Level: 324 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 1400 Well depth: 1300 Well grouted to a depth of 1225 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1225 feet Casing diameter: 16 inches Type of casing: Steel .500 Wall

Screen length: 70.07 feet Screen diameter: 10 inches Type of screen: Johanson Stainless

Screen slot size: .020 inches Setting depth: From 1230 feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of 1st pipe or reduction in casing: 1124.5 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: OK

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.

Herndon Well & Supply Inc 021 Martin E. Herndon
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

60-15927
K-2086

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Brown clay	0	30
clay	30	145
clay + shale streaks	145	208
clay	208	310
clay + shale streaks	310	495
Sandy clay	495	710
Sand + clay streaks	710	830
clay	830	920
clay + sandy streaks	920	1140
Sand	1140	1185
Sandy with clay streaks	1185	1230
Sand	1230	1370
Sandy clay	1370	
Drilled to	1400	

If more than one screen, show location of each on sketch

Sketch the property layout and includes 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)

County: Rankin
 Permit #: GW 15927
 Driller: Herndon Well/Quinn
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: K 206
 Elevation: 365' T

This report should be prepared by the pump installer to detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Sweethome Church East</u>	Latitude: <u>32.16 25</u> Longitude: <u>90 03 15</u>
Mailing Address: <u>City of Pearl</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
City _____ State _____ Zip Code _____	_____ W _____ N Sec. <u>13</u> Twp. <u>5N</u> Rng. <u>2E</u>
Telephone No. <u>(601) 932 3500</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____ Bucket _____ Platon _____ <u>Turbine</u> _____ 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>300</u> Setting Depth: <u>480</u> feet Number of Stages: <u>10</u>
Date Pump Installed: <u>03-29-05</u>	
Rated Pump Capacity: <u>1585 @ 54PSI</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-15-05</u>	<u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>334</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>398</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>64</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1585</u> Gallons Per Minute	
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.

Herndon Well & Supply Inc #021 Matthew E Herndon
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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