

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 #: A-78
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 12-21-06

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	Well Location
Owner Name: <u>MT PLEASANT MO. CHURCH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bevo RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Colowater, MS 38618</u>	<u>1/4 1/4 Sec A-28 Twn T45 Rng R9W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>N/W</u> of Nearest Town: <u>ANKARBUTLA</u>
Telephone No. (<u>662</u>) <u>562-5460</u>	

Well Data

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

Date well drilling started: 12-21-06 Date well drilling completed: 12-21-06

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 12-21-06

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

Hole depth: 90 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13710US inches Setting depth: From 75 feet to 90 feet

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

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.

BOB SMITH 0645 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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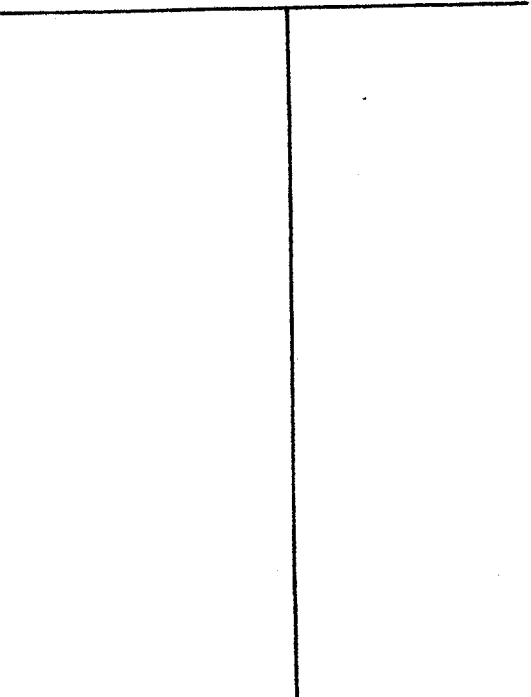
JAN 03 2007

BY: OLWR

A-28

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	15
RED SAND	15	40
WHITE CLAY	40	56
RED SAND + GRAVEL	56	90

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: MR PEARSON MB CHURCH


 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 #: A-78

Elevation: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date completed: _____

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: Mr. PETERS MB. CRICHT

Mailing Address: PO Box 20

COOLWATER MS 38618
City State Zip Code

Telephone No. (662) 562-5460

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 A28 Twn T45 Rng R29W

Distance Direction Nearest Town

3 Miles N/W of ANADURA

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 12-21-06

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: 85 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 12-21-06

Static Water Level (A): 76 Feet Below Land Surface

Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: 9 Feet Below Land Surface

Test Pumping Rate: 14 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ 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 14 GPM with a drawdown of

9 feet after _____ hours of pumping

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

BOB SMITH 0645
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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JAN 09 2007

BY: OLWR