

County: TALIA
 Permit #: _____
 Driller: F Langford
 Date drilling completed: 2/15/08

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 #: C-274
 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>Lighthouse Baptist Church</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DAYOR RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Independence</u> City <u>MS</u> State Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	<u>1/4</u> <u>1/4</u> Sec <u>14</u> Twn <u>04 S</u> Rng <u>6 W</u>
	Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>INdep.</u>

Well Data

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

Date well drilling started: 1/31/08 Date well drilling completed: 2/15-08

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 2/15/08

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: 0.13 inches Setting depth: From 100 feet to 190 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 the Mississippi Department of Health regulations and code laws.

FRANK LANGFORD 0622 Frank Langford
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please check below and show depths.

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: TITLE
 Permit #: _____
 Driller: F Langford
 Date completed: 2/19/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-274
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Lighthouse Baptist Church</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PLYER RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Indep</u> <u>MS</u>	_____ 1/4 Sec <u>24 T 4 S R 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>2</u> Miles <u>N</u> of <u>Indep</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>2/19/09</u>	Setting Depth <u>120</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-15-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>0</u> feet after <u>4</u> hours of pumping
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.

FRANK LANGFORD 0-622 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer