

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____
Well #: D158
L.S. Elevation: _____
E-Long #: _____

County: TAL
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 10-4-13

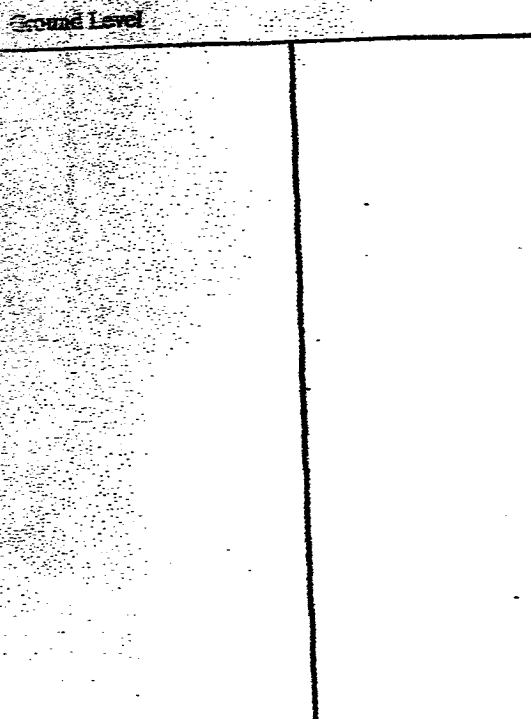
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BETH BAPTIST CHURCH</u>	Latitude: <u>34° 41' 34"</u> Longitude: <u>89° 45' 19"</u>
Mailing Address: <u>2665 Beth Rd</u> <u>Crowder, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW1/4 NW1/4 Sec 8-32 Twn T4S Rng R5W</u>
Telephone No. <u>(662) 209-4834</u>	Distance: <u>1/6</u> Miles Direction: <u>E</u> of Nearest Town: <u>BETH</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other <u>CHURCH</u>	
Date well drilling started: <u>10-4-13</u> Date well drilling completed: <u>10-4-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-4-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LIVE + WEIGHT</u>	
Hole Depth: <u>150</u> Well depth: <u>150</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): Cement <u> Bentonite </u> Mix	
Casing length: <u>140</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>137005</u> inches Setting depth: From <u>140</u> feet to <u>150</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 casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well 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.	
<u>BOB SMITH 0-645</u>	<u>[Signature]</u> BY: OLWR
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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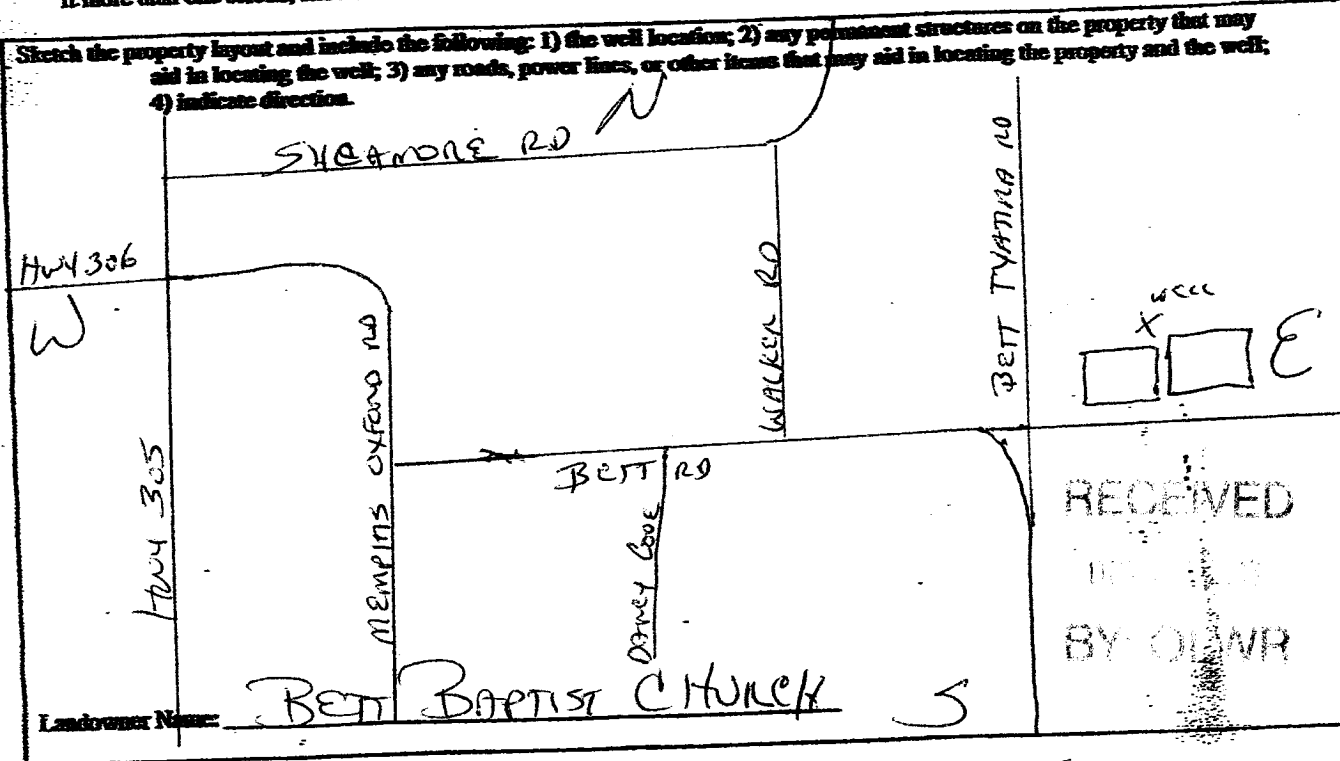
D158

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
RED CLAY	18	30
RED SAND GRAVEL	30	38
WHITE CLAY	38	125
WHITE SAND	125	150

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



State Well Report

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: D158

Elevation: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>10-4-13</u>

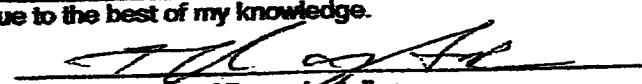
This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BERT BAPTIST CRACK</u> Mailing Address: <u>2665 BERT RD</u> <u>Georgetown, MS 38618</u> City State Zip Code Telephone No. (662) <u>209-4834</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS <u>1/4 1/4 Sec E 32 Twn 745 Rng 15W</u> Distance Direction Nearest Town <u>1/16 miles @ E of BERT</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-4-13</u> Rated Pump Capacity: <u>10</u> gallons per min	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>10-4-13</u> Static Water Level(A): <u>20</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>15</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE & WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> 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.

<u>BOB SMITH 0-645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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BY [unclear]