County: 170/mes		'art 1		
Permit #: <u>GW42412</u>	Mississippi Department of Environmental Quality		Aquifer:	
Irrigation Equipment	Office of Land and Water Resources P.O. Box 10631		Well#:	
Driller:		AS 39289-0631	I C Floration	
Date drilling completed: 4-7-08	-	961-5210	L. S. Elevation:	
		4-6938 (fax)	E-log #:	
54-4- I	42			
State Law requires that this repo	ort be prepared by the	driller in detail and filed w	ith the Department within	
30 days of completion of drilling of the well.  Well Owner Information Well Location			Location	
0 0		_		
Owner Name Graves Place LLC		Latitude: 33 · 10 · 29.1 Longitude: 90 · 16 · 11.5		
Mailing Address: 3426 Amroth Drive		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS	
C 11 1 T 20017		MO 14 SE 14 Sec // Twn 15 N Rng / W		
Collierville Tn. $38017$ State Zip Code  Telephone No. $90/-850-5303$ Telephone No. $90/-850-5303$ Telephone No. $90/-850-5303$ Telephone No. $90/-850-5303$				
City Stat	e Zip Code	Distance Direction	Nearest Town of Chula	
Telephone No. (40/-850 - 5303 - Miles W of 1ch u/a				
	Well I	)ata		
Purpose of Well (circle one) Home Inde	ordal Dalling 1 /			
Purpose of Well (circle one) Home Indu			Other:	
Date well drilling started:	-08 Date w	vell drilling completed:	<u>+-7-08</u>	
If flowing, method of flow regulation: Valve Other (describe)				
		and surface Date measured:_		
Method of Measurement (circle one) ste	el tape electric tape	air line other:		
127				
went grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 8 feet Casing diameter: 16 inches Type of casing: PVC				
Screen length: 40 feet Screen diameter. 6 inches Type of screen: PVC				
Screen slot size: <u>. 050</u> inches Setting depth: From <u>88</u> feet to <u>/27</u> 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 widtrall applicable requirements of the Mississippi				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.  Irrigation Equipment Inc				
Patrick M. Chism	0695	Y.	<b>&gt;</b> -,	
Dian Contract		- 100		
Print Name of Water Well Contractor and License No.		Signature of W	Vater Well Contractor	

**State Well Report** 

For Office Use Only:

FECEIVED APP 14203 BY: OLWR If well telescopes please sketch below and show depths.

Ground	Level
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Description of Formations Encountered	From	10
Clay	0	27
	128	38
Fine Sand + Gravel Medium Sand + Gravel	39	52
Medium Sand + Gravel	53	127
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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: Graves Place LLC

Signature of Water Well Contractor

RECEIVED AMAILMAN BY: OLWA

STATE WELL REPORT Part 2 For Office Use Only: **Pump Installer's Completion Report** Permit#: <u>GW42412</u> Irrigation Equipment Driller: \_\_\_\_\_ Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Well #: Jackson, MS 39289-0631 (601)961-5210 Date completed: Elevation: (601)354-6938 (fax) 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 Traves Place LLC Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Collienville Tn. 38017 Direction Nearest Town Telephone No. (\_ 90/- 850 -5303 Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Turbine Piston Electric Motor Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 4-8-08 Setting Depth: Rated Pump Capacity: 2800 + Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line **Electric Measuring Line** Steel Tape Static Water Level (A): Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: \_\_\_\_\_\_Feet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my kn wiedge

Signature of Pump Installer

Patrick M. Chism

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

0695

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