

# Grace Wood 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)

County: SHARKEY  
 Permit #: BW413950  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 3-10-10

For Office Use Only:

Aquifer: A 182  
 Well #: \_\_\_\_\_  
 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>GreeneWood Farms</u>	Latitude: <u>33° 05' 26"</u> Longitude: <u>90° 46' 44"</u>
Mailing Address: <u>c/o Gene Stock</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>1371 Murphy Rd</u>	USGS quad, <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS
<u>Hollandale MS 38748</u>	SE ¼ NE ¼ Sec <u>2</u> Twn <u>14N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 827-2825</u>	<u>2</u> Miles <u>North</u> of <u>Delta City</u>

**Well Data**

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

Date well drilling started: 3-10-10 Date well drilling completed: 3-10-10

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

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

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773 John Newcome  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.



# 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: A 182  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: J. Newcome  
 Date completed: 3-10-10

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
Owner Name: <u>Gracewood Farms</u>	Latitude: <u>33° 05' 26"</u> Longitude: <u>090° 46' 44"</u>
Mailing Address: <u>9/0 Gene Stock</u> <u>1371 Murphy Rd</u> <u>Hollandale MS 38748</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>662 827-2825</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>2</u> Twn <u>14N</u> Rng <u>C0W</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>DENA City</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>3/12/10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>1</u>

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	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Comy Rowe 0-711P  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer