

Gene STACK # 2

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 #: M-119
L. S. Elevation: _____
E-log #: _____

County: SUNFLOWER
Permit #: 6W41038
Driller: JOHN NEWCOME
Date drilling completed: 4-29-06

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>GRACEWOOD FARMS</u> | Latitude: <u>33° 29' 18"</u> Longitude: <u>90° 45' 05"</u> |
| Mailing Address: <u>40 GENE STACK</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>1371 MURPHY RD.</u> | NE USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| <u>HOLLANDALE, MS. 38748</u> | SW 1/4 NE 1/4 Sec 18 Twn 19N Rng 5W |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Direction: _____ Nearest Town: _____ |
| Telephone No: <u>662-827-2825</u> | <u>6</u> Miles <u>NW</u> of <u>INDIANOLA</u> |

Well Data

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

Date well drilling started: 4-28-06 Date well drilling completed: 4-28-06

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: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 33 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 70-88 feet to 105-120 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

[Signature]
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED

MAY 09 2006

BY: OLWR

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 #: M-119

Elevation: _____

County: SUNFLOWER
Permit #: QW 41038
Driller: JOHN NEWCOME
Date completed: 4-29-06

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>GREENWOOD FARMS</u> | Latitude: <u>33-29-18</u> Longitude: <u>090-45-05</u> |
| Mailing Address: <u>C/O GENE STOCK</u> <u>1371 MURPHY RD.</u> <u>HOLLANDALE, MS 38748</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW</u> ¼ <u>NE</u> ¼ Sec <u>18</u> Twn <u>19N</u> Rng <u>5W</u> |
| Telephone No. (_____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>NW</u> of <u>INDIANOLA</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | Diesel Engine <u>Gasoline Engine</u> Natural Gas |
| Bucket Piston <u>Turbine</u> | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>50</u> |
| Date Pump Installed: <u>5-2-06</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>1-Stage 14" AMERICAN</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): <u>7</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>NOT TESTED</u> 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.

GLEN ROWE #710-P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
MAY 09 2006
BY: OLWR