GRACEWOOD FARMS (BEHIND HQ's)

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: WASHINGTON

Permit #: GW123bb

Driller: J. NEWCOME O-773

Date drilling completed: 2-20-08

For Office Use Only:

Aquifer: _____

Well #: 8-119

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

Owner Name: GRACEWOOD FARMS

Mailing Address: C/O GENE STOCK

1371 MURPHY ROAD

HOLLANDALE, MS. 38748
City   State   Zip Code

Telephone No. (662)-820-6168

Well Location

Latitude: 33 ° 07 ' 37 " Longitude: 090 ° 52 ' 08 "

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ SW ¼ Sec 24 Twn 15N Rng 7W

Distance 3 Miles   Direction S   Nearest Town of HOLLANDALE

Well Data

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

Date well drilling started: 2-20-08   Date well drilling completed: 2-20-08

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: 133   Well depth: 130   Well grouted to a depth of 10 feet

Type of grout (circle one):   Cement   (Bentonite)   Mix

Casing length: 90 feet   Casing diameter: 16 inches   Type of casing: P.V.C.

Screen length: 40 feet   Screen diameter: 16 inches   Type of screen: P.V.C.

Screen slot size: .050 inches   Setting depth: From 90 feet to 130 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   O-773

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

16" CASING

40'
16" SCREEN

90'

130'

Description of Formations Encountered	From	To
TOP SOIL	O	10
MIX CLAY	10	40
FINE SAND	40	90
COARSE	90	130
GRAY CLAY	130	133

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.

TO HOLLANDALE

POWER LINES

MURPHY RD.

HWY 61

WELL

GRACEWOOD PRO SHOP

TO ROLLING FORK

Landowner Name: _____

Signature of Water Well Contractor

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: WASHINGTON
Permit #: CW42366
Driller: J. NEWCOME O-773
Date completed: 2-20-08

For Office Use Only:
Aquifer: _____
Well #: Q-119
Elevation: _____

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

Owner Name: GRACEWOOD FARMS

Mailing Address: C/O GENE STOCK
1371 MURPHY RD.
HOLLANDALE, MS. 38748
City   State   Zip Code

Telephone No. 662-820-6168

Well Location

Latitude: 33-07-37 Longitude: 090-52-08

Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS), Survey-grade GPS

NE ¼ SW ¼ Sec 24 Twn 15N Rng 7W

Distance   Direction   Nearest Town
3 Miles   S   of HOLLANDALE

Pump Type
Circle one

Air Lift   Jet   (Submersible)

Bucket   Piston   Turbine

Centrifugal   Rotary   Flowing Well

Other (specify): _____

Date Pump Installed: 3-5-08

Rated Pump Capacity: 1800 Gallons Per Minute

Power Type
Circle one

Diesel Engine   Gasoline Engine   Natural Gas

Electric Motor   Hand   Tractor PTO

Windmill   Other (specify): _____

Horse Power Rating of Motor: 50 H.P.

Setting Depth: _____ feet

Number of Stages: 1-Stage 10" Bowl

Pump Test Data

Date Well Tested: _____

Static Water Level (A): _____ Feet Below Land Surface

Pumping Water Level (B): NOT SET Feet Below Land Surface

Drawdown [(B) – (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line   Electric Measuring Line   Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ 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.

GLEN ROWE 710-P

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

Signature of Pump Installer