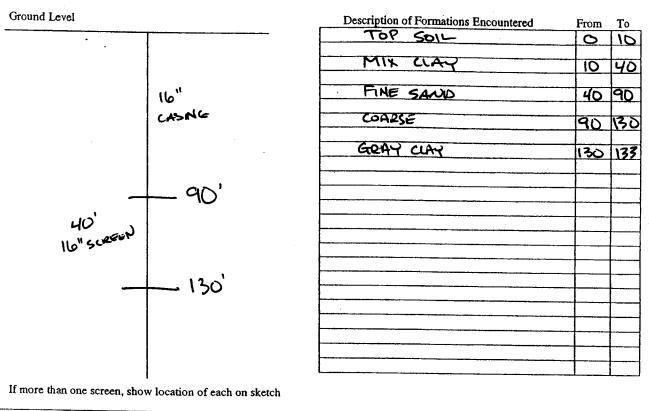
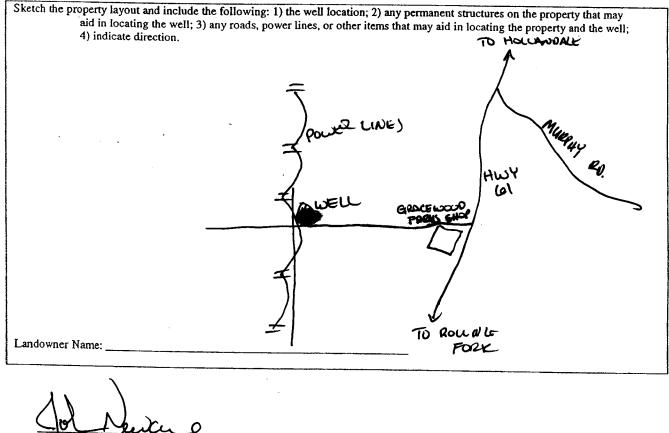
GRACE wood FARMS (BEHIND HQ'S)

	11 D 4			
State Well Report		For Office Use Only:		
	Part 1			
	of Environmental Quality	Aquifer:		
	ox 10631	Well #: <u>Q = 117</u>		
lackson M	Jackson, MS 39289-0631			
	961-5210	E-log #:		
(601)354-6938 (fax)				
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	Wel	1 Location		
Owner Name GRACE WOOD FARMS	Ams Latitude: 33 .07 .37			
Mailing Address: CO GENE STOCK Method of Lat/Long (circle		ne): Conventional Survey,		
		d GPS, Survey-grade GPS		
Haccanence, Ms. 38748 NE 14 SW 14 Sec 21 City State Zip Code		Twn 15N Rng W		
Telephone NG(42)-820-6/68	Dia Dia dia			
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: <u>133</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>90</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>				
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 0-773	1d	kurren l		
Print Name of Water Well Contractor and License No.	Signature	of Water Well Contractor		

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If well telescopes please sketch below and show depths.





Signature of Water Well Contractor

- STATE WELL REPORT				
Installation of pump. Well Owner Information Owner Name: CRASSOCO 1 Mailing Address: C10 CENE	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)   Well   Farms   Latitud \$3-07.37   Method of Lat/Long (circle on		Longitude 290 - 52-08	
1371 Mur Housware, M City State Telephone NGO62-820-1	<b>5. 38748</b> Zip Code	USGS quad, Hand-held GPS Survey-grade GPS <u>NE 1/SW</u> 1/4 Se24 Twn <u>ISN</u> Rng 7W Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of HollawPace		
Pump Type Circle one			wer Type ircle one	
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (	(specify):	
Other (specify):		Horse Power Rating of Motor: 50 H.P.		
250		Setting Depth:	feet	
Rated Pump Capacity: 1800	Gallons Per Minute	Number of Stages:	ge 10" Bowh	
Pump Test Data		Method of Me	asuring Water Level	
Date Well Tested:		C	ircle one	
	Below Land Surface	Air Line Electric Mea	suring Line Steel Tape	
Pumping Water Level (B): Feet Below Land Surface Other (specify):				
Drawdown [(B) - (A)]:Feet	Below Land Surface	For flowing well, measured sh	ut in head:feet	
Test Pumping Rate:	Gallons Per Minute ~	Well yielded	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping	
I HEREDX CERTIFY that the above statements are true to the best of my knowledge. DLEN KOWE 710-P Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

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