

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 #: Q-120
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 6W42916
Driller: J. NEWCOME 0-773
Date drilling completed: 3-19-08

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>GRACE WOOD FARM</u> | Latitude: <u>30° 51' 7.68" N</u> Longitude: <u>88° 06' 24.5" W</u> |
| Mailing Address: <u>10 GENE STOCK</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>1371 MURPHY RD.</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>HOLLANDACE, MS 38748</u> | <u>NE</u> <u>SE</u> 1/4 Sec <u>36</u> Twn <u>15N</u> Rng <u>7W</u> |
| City State Zip Code | <u>SW</u> <u>NE</u> |
| Telephone No. <u>662-820-6168</u> | Distance <u>5</u> Miles Direction <u>S</u> of Nearest Town <u>HOLLANDACE</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-19-08 Date well drilling completed: 3-19-08
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: 123 Well depth: 120 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: 30 feet Screen diameter: 16 inches Type of screen: P.V.C.
Screen slot size: .050 inches Setting depth: From 90 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

Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

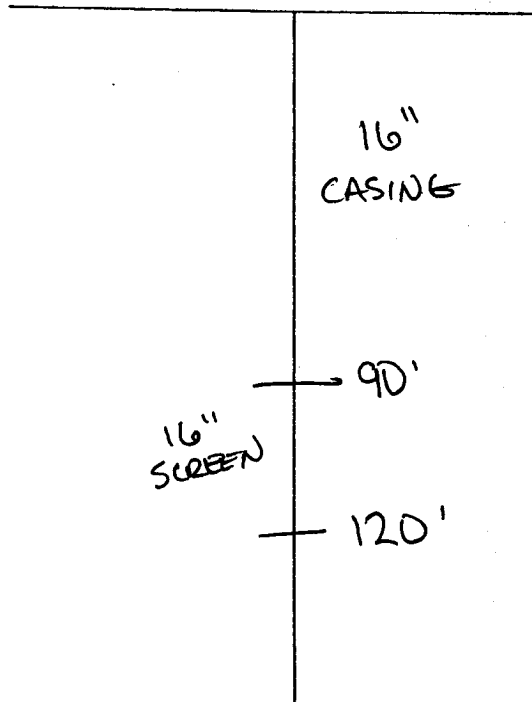
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BY: OLWR

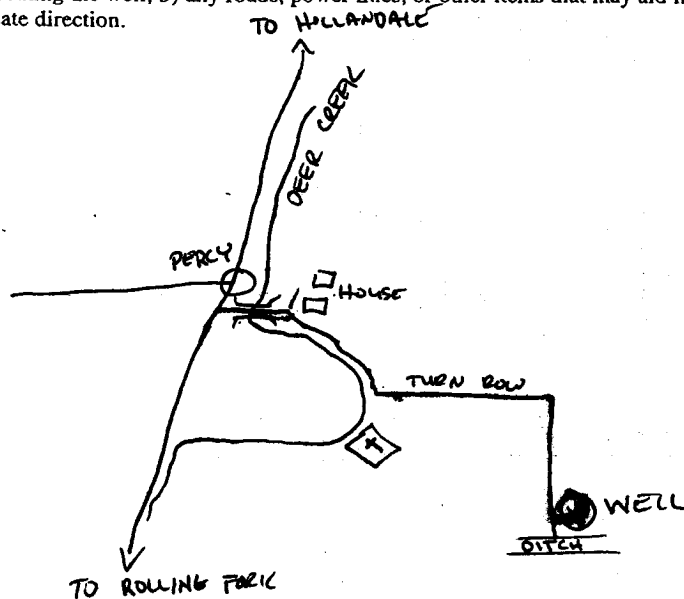
If well telescopes please sketch below and show depths.

Ground Level

[illegible]

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: _____

Ad Newcomer

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)

For Office Use Only:

Aquifer:

Well #: Q-120

Elevation:

County: WASHINGTON
Permit #: GW42416
Driller: J. NEWCOME 0-773
Date completed: 3-19-08

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: 410 GENE STICK
1371 MURPHY RD.
HOLLANDALE MS 38448
City State Zip Code
Telephone No: 662-820-6168

Well Location

Latitude: W90-51-748 Longitude: N33-6-245
52 07.5 28.45
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NE SE SW NE 1/4 Sec 36 Twn 15N Rng
Distance Direction Nearest Town
NE Miles SOUTH of HOLLANDALE

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 4-1-08
Rated Pump Capacity: 3000 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: 600
Setting Depth: 70 feet
Number of Stages: 1-stage 14"

Pump Test Data

Date Well Tested:
Static Water Level (A): No J Feet Below Land Surface
Pumping Water Level (B): 18.12 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.

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

Signature of Pump Installer

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