

STOCK #1
State Well Report

Q-136

County: WASHINGTON
 Permit #: GW 41239
 Driller: JOHN NEWCOME 0-773
 Date drilling completed: 6-15-06

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-136
 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>GRACEWOOD FARM</u>	Latitude: <u>33.07.13"</u> Longitude: <u>90.45.84"</u>
Mailing Address: <u>210 GENE STOCK</u> <u>1371 MURPHY RD.</u> <u>HOLLANDALE, MS. 38948</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>662-820-6168</u>	SE 1/4 NE 1/4 Sec <u>30</u> Twn <u>15N</u> Rng <u>5W</u>
	Distance: <u>7</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Hollandale ms</u>

Well Data

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

Date well drilling started: 6-15-06 Date well drilling completed: 6-15-06

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

Static Water Level: 24 feet above or below (circle one) land surface Date measured: 6-15-06

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

Hole depth: 121 Well depth: 118 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 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 75-98 feet to 91-118 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.

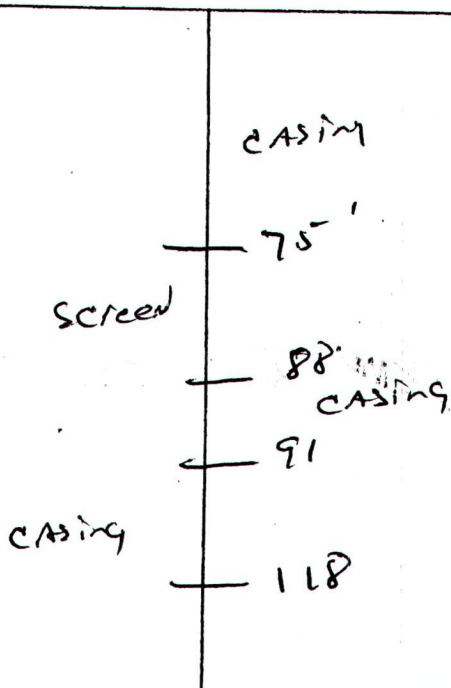
JOHN NEWCOME 0-773
 Print Name of Water Well Contractor and License No.

John Newcome
 Signature of Water Well Contractor

41239

If well telescopes please sketch below and show depths.

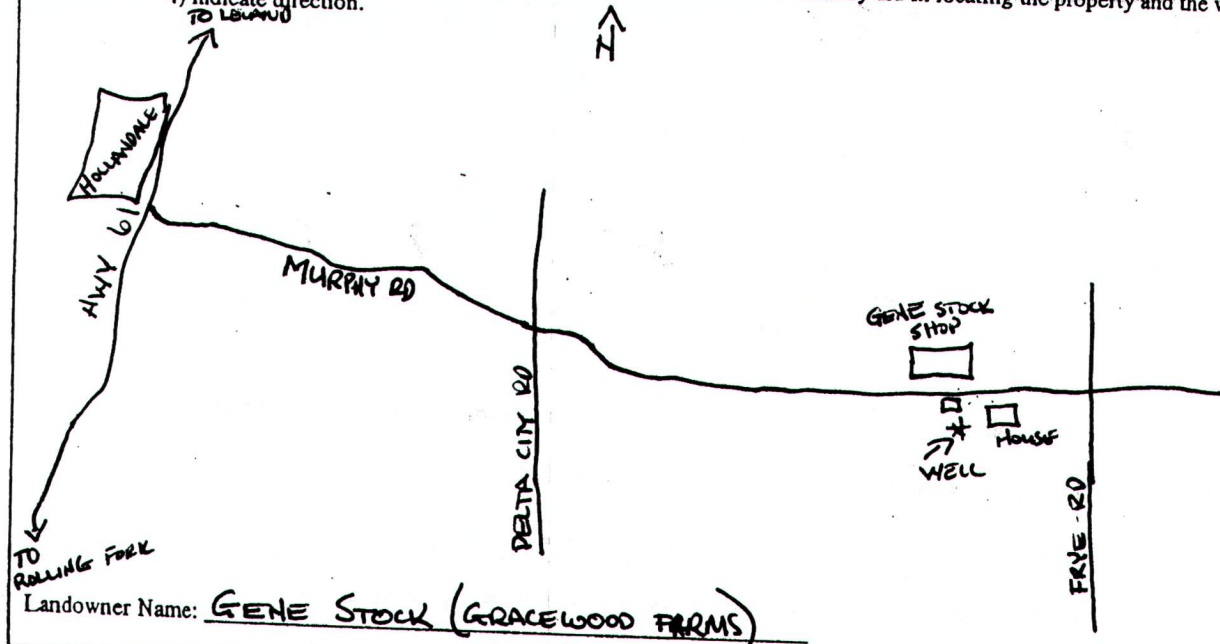
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
Mix CLAY	10	40
FINE Sand	40	75
COARSE Sand	75	88
FINE Sand	88	91
COARSE Sand - Gravel	91	124

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: GENE STOCK (GRACEWOOD FARMS)

[Handwritten Signature]

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 #: 6W41239
Driller: JOHN NEWCOMB 773
Date completed: 6-15-06

For Office Use Only:

Aquifer: _____
Well #: Q-136
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	Well Location
Owner Name: <u>GRACEWOOD FARMS</u>	Latitude: <u>33-07-13</u> Longitude: <u>090-45-84</u>
Mailing Address: <u>40 GENE STOCK</u> <u>1371 MURPHY RD.</u> <u>HOLLANDALE, MS.</u>	Method of Lat/Long (circle one): Conventional Survey, C4
City: _____ State: _____ Zip Code: <u>38748</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>662-820-6168</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>30</u> Twp <u>15N</u> Rng <u>5W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>EAST</u> of <u>HOLLANDALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ 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>60</u>
Date Pump Installed: <u>6-17-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1-stage - 14</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>48</u> 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.

GLEN ROWE _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
JUL 31 2006
BY: OLWR